CASE MANAGEMENT REVIEW

NORTHWEST REGION

DEPARTMENT OF
SOCIAL SERVICES AND COMMUNITY HEALTH

SUBMITTED BY:

R. J. THOMLISON, MSW, DSW
PROFESSOR AND DEAN
FACULTY OF SOCIAL WELFARE
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The Battle

The biggest battle
for a person to ever
have to fight is a
battle of yourself.
Can such a battle be
won?
or will it go on until
it destroys you?

Rick Cardinal

PREFACE

Richard Cardinal died on June 26, 1984, after thirteen years, eight months and ten days in the care of the Alberta Social Services and Community Health Department. During most of his life he was a permanent ward of this Department. Richard's death had a devastating effect on those who knew and loved him. Over and above the personal feelings were the expressions of public outrage when it was reported that the quality of his care was alleged to be significantly below community standards. On the invitation of Mr. Michael Ozerkevich, Deputy Minister, Alberta Social Services and Community Health, I agreed to review the case management of Richard Cardinal during his time with the Department. Two conditions were agreed to by the Department. First, that this would be an independent inquiry and in no way would I be influenced by the Department in terms of the nature of the questions asked, and the content of the report. Second, and most importantly, it was agreed that this report would be made public. In agreeing to take this assignment on, I had one major objective in mind. That objective was to produce a report which would ultimately be constructive for the administrators, managers, and direct service workers of Alberta Social Services and Community Health. I believe it was within the context of this same objective that over forty individuals agreed to be interviewed to express their perceptions of and experiences with Richard during various phases of his life. As one foster mother stated to me: "We can't bring him back, but surely we can try to find out why he did it so we can prevent other children from doing the same."

ACKNOWLEDGMENTS

I would like to express my sincere appreciation to those, both inside and outside the Alberta Social Services and Community Health Department, who so willingly and freely gave of their time and expression of feelings. For those who knew Richard most closely, these feelings were of strong affection, mixed with confusion as to why sometimes the offer to give love is not enough. For those who knew Richard only through the eyes of others, there is a haunting question as to why a young man with such potential, and such a winning personality, would decide to terminate his life. It was in this context of attempting to discover what went wrong that I was greeted with such overwhelming cooperation and willingness on the part of people to share their knowledge and experiences with Richard Cardinal.

A special note of appreciation must be given to Mr. John Mould, Acting Assistant Director of Child Welfare, who was assigned as a staff member of the Department to assist me in the preparation of this report. His assistance was invaluable.

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CHAPTER I

CASE MANAGEMENT REVIEW TERMS OF REFERENCE

The terms of reference which were prepared by the Department of Social Services and Community Health, and to which I agreed, are cited here in their entirety.

Central Question

Were our responsibilities to Richard Cardinal completely/adequately carried out?

Background

The Northwest Region has completed a report which overviews, chronologically, the history of Richard Cardinal's time in the care of the Department. Special focus is given to events during the last months of Richard's life related to his "self-destructive" behaviors and the attempts made to deal with these, particularly through consultation with/ referral to a variety of medical and mental health services, both internal and external to the Department.

Two broad questions remain unanswered:

(1) Were the case management responsibilities vis-a-vis Richard Cardinal effectively carried out?

(2) What are the child welfare case management practices of the Barrhead District Office?

Review Format

1. Were the case management responsibilities vis-a-vis Richard Cardinal effectively carried out?

This section of the review will focus on the quality of the file; the casework supervision provided; and the casework practice in relation to Richard Cardinal.

The file review will be guided by the file format/content standards established by the Northwest Region.

The casework supervision review will be primarily descriptive. A judgement of the relative adequacy of the casework supervision is hampered by the lack of departmental expectations/standards for this activity. (There may be expectations expressed by the site manager on the employee's performance appraisal, but this would be office specific only.)

The review of the casework practice will be based on standards contained in the Child Welfare Procedures Manual (for example, concerning frequency of contact, case planning/goal setting, etc.). Generally, this part of the review is to determine the extent to which the social worker understood and appropriately responded to Richard and his needs. As well, the review will examine the interface with the external resources and with the role these resources played in the case.

2. What are the child welfare case management practices in the Barrhead District Office?

This section of the review will focus on the extent to which the case management practices are comprehensive, appropriate and explicit within the District Office, and will be guided by the relevant portions of the assessment tools contained in the local Child Welfare Services Self-Assessment Manual: Checklists.

Of interest as well is the extent to which the Northwest Region has established case management criteria (expectations and standards) for all its offices.

GENERAL COMMENTS REGARDING THE TERMS OF REFERENCE

It is important to identify that these terms of reference speak very specifically to the Northwest Region of the Department of Social Services. In this respect, I limited the major part of my review to the policies and procedures of the Northwest Region, with specific emphasis on the Barrhead District Office. However, since Richard did spend some time in the city of Edmonton under the care of the Centennial Mall

Office, it was necessary to interview the assigned social worker in Edmonton, as well as those professionals who came in contact with Richard during his time in Edmonton.

CHAPTER II

THE METHOD BY WHICH THE REVIEW WAS CONDUCTED

The review was conducted in three phases. The first phase concerned itself with the identification of departmental policy and procedural documents relevant to the service delivery for Crown wards. This phase also involved interviews with senior department managers, and the Acting Regional Director and the Manager of the Barrhead District Office. Central Office and Regional Office departmental files concerning Richard Cardinal were also studied from which a chronology of his life was developed. From this chronology, and from the review of departmental policy and procedural documents, decisions were made as to who should be interviewed to provide more detailed accounts of the experiences Richard had with the Department of Social Services and Community Health.

The second phase of the review involved direct in-person interviews with people who had direct or indirect contact with Richard. An attempt was made to contact all foster parents with whom Richard had spent time. Direct in-person interviews were held with six foster parents (i.e., three couples) with whom Richard had spent the last seven years of his life. Two foster parents with whom Richard had spent less than a year were interviewed by telephone. I was informed by Department personnel that the remaining seven foster parent couples could not be located. They were no longer associated with the Department, and their addresses were unknown.

In total, four social workers were interviewed concerning their casework involvement with Richard. These four workers were the most recent of the social workers to be involved with Richard, and were considered to be most relevant to his last years with the Department.

Twenty-five collateral interviews were conducted. In this review collateral interview refers to individuals who had some contact with Richard or had information bearing relevance to Richard's case, but were outside of the Department of Social Services. Examples of people in this category are professional staff within various group homes, physicians, psychologists, one school official, and representatives from the Metis Association. Finally, three senior administrators from the Northwest Region were interviewed, as well as one District Office Manager from outside the Northwest Region. This latter individual was interviewed in an effort to secure some comparative case management information.

The third phase involved the writing of the document, during which time there were a number of follow-up contacts made with various people, both within the Department and outside of the Department. These follow-up contacts were made primarily to validate certain responses and/or to request elaboration on information gathered in the initial interviews.

CHAPTER III

RESPONSIBILITIES OF THE DEPARTMENT OF SOCIAL SERVICES AND COMMUNITY HEALTH AS DEFINED BY THE CHILD WELFARE ACT OF ALBERTA

The terms of reference under which this review was conducted identified one central question. This question was whether the Department of Social Services and Community Health carried out its responsibilities. In order to answer this question, it is necessary to identify what those responsibilities actually are. In the broadest sense these responsibilities are defined within the *Child Welfare Act*, as well as the policy statements within the Department.

CHILD WELFARE ACT

The Department of Social Services and Community Health derives its authority from the *Child Welfare Act* of Alberta. This legislation also explicates the Department's responsibilities in respect to the children in its care. The sections deemed to be most relevant to Richard Cardinal and his life with the Department are cited here for reference. It is important to remember that Richard was a ward of the Crown for over thirteen years. During this time Richard was both a temporary and a permanent ward. The sections quoted here are taken from the *Child Welfare Act, Revised Statues of Alberta 1980, Chapter C-8 as amended to October 29, 1982.*

PART 1

GENERAL

Definitions

1 In this Act,

(a) "child welfare worker" means a person appointed under this Act as a child welfare worker;

(b) "Commission" means the Child Welfare Commission established under Part 6;

(c) "Department" means the Department of Social Services and Community Health;

(d) "Director" means the Director of Child Welfare appointed under Part 6;

(e) "guardian" means a person who under Part 7 of the Domestic Relations Act is or is appointed as the guardian of a child and, with respect to a ward of the Crown, means the Director;

(f) "Minister" means the Minister of Social Services and Community Health;

(g) "ward of the Crown" means

(i) a child who is, either temporarily or permanently, in the custody of the Director pursuant to the order of a judge under Part 2, or

(ii) a child who is in the custody of the Director pursuant to an instrument of surrender under Part 2.

PART 2

NEGLECTED AND DEPENDENT CHILDREN

Temporary wardship

16 When it appears to a judge that the public interest and the interest of a child found to be a neglected child may best be served thereby, the judge, by order, may commit the child to the custody of the Director as a temporary ward of the Crown for a specified period, not exceeding 12 months, that in the circumstances of the case the judge considers proper.

Review of temporary wardship order

17(1) When a child has been made a temporary ward of the Crown a further hearing may be held before a judge

(a) at any time during the period of temporary wardship if the Director considers it advisable,

(b) at the expiration of the period of temporary wardship, or

(c) once during the period of temporary wardship but after the expiration of the period of appeal provided in section 20, on the application of a parent or guardian of the child.

(2) On the further hearing, the judge shall inquire and determine whether the circumstances justify the continuation of the temporary wardship or justify the return of the child to his parents, or either of them, or to his guardian or other person in whose care he may have been at the time of apprehension either

(a) subject to inspection and supervision as provided in section 15, or

(b) not subject to inspection and supervision,

and as the circumstances require, the judge may make a further order under section 16, discharge a subsisting order under section 16, make an order under section 15 or find the child to be no longer a child in need of protection.

Permanent wardship

18(1) When

(a) a child is a temporary ward of the Crown and the Director is of the opinion that he should be made a permanent ward of the Crown, or

(b) the Director is of the opinion that a child is a neglected child and should be made a permanent ward of the Crown,

the Director, or a person authorized by him in writing, may apply to a judge of the Court of Queen's Bench, on notice of motion, for an order making the child a permanent ward of the Crown.

(2) When on the hearing of the application the judge finds that the child is a neglected child and if it appears to the judge that the public interest and the interest of the child may best be served thereby, the judge may, by order, commit the child permanently to the custody of the Director as a permanent ward of the Crown.

(3) Instead of making an order under subsection (2), the judge may make any order that he may make under section 15 or 16, and on a further hearing under section 17 may also make an order under subsection (2) of this section.

Guardianship

24(2) Notwithstanding the Domestic Relations Act, while a minor is a permanent ward of the Crown the Director is the sole legal guardian of the person and estate of the minor.

Duration of wardship

26(1) When a child becomes a permanent ward of the Crown, he remains a ward of the Crown

(a) until he reaches the age of 18 years,

(b) until he is adopted,

(c) until he is discharged from wardship by an order under subsection (3), or

(d) until he dies,

whichever first occurs, and at that time any order of wardship or instrument of surrender with respect to him terminates.

(2) When a child becomes a temporary ward of the Crown, he remains a ward of the Crown

(a) until the order of wardship expires or is terminated,

(b) until he reaches the age of 18 years,

(c) until he is discharged from wardship by an order under subsection (3), or

(d) until he dies,

whichever first occurs, and at that time any order of wardship with respect to him terminates.

(3) When a person is a temporary or permanent ward of the Crown, the Lieutenant Governor in Council may

(a) at any time before an order of adoption in respect of that person is made, and

(b) either absolutely or on any conditions that are set forth in his order,

discharge the person from the wardship of the Crown.

(4) On completion of the term of a temporary or permanent wardship of a child

(a) the child, or

(b) a parent or guardian of the child

may make a request, in writing, to the Director for permission for the child to remain a ward of the Crown for the purpose of completing a course of studies or other training, and the Director may grant the request for a period, not exceeding 10 months, that may be necessary to complete the course of studies or training.

(5) When a request is granted under this section, the child remains a ward for the period authorized as if his term of wardship had not expired.

Visit to child and inspection of premises

29 A person in whose care a child in placed under this Part and a person entrusted with the care of any such child shall, at all reasonable times, permit the Director, a child welfare worker or a person authorized by the Director in writing in that behalf to visit the child and to inspect any place where the child may be or reside.

Duty to report ill-treatment, etc.

35(1) A person who has reasonable and probable grounds to believe and believes that a child has been abandoned, deserted, physically ill-

treated or is in need of protection shall forthwith report the grounds of his belief to the Director or to a child welfare worker of the Department.

(2) Subsection (1) applies notwithstanding that the grounds for belief is information that is confidential or privileged, and no action lies against the person so reporting unless the reporting is done maliciously or without reasonable and probable grounds for belief.

PART 6

ADMINISTRATION

Establishment and duties of Commission

93(1) There shall be a commission to be known as the Child Welfare Commission, which shall consist of not less than 3 and not more than 5 members.

(2) The members of the Commission shall be appointed by the Lieutenant Governor in Council from the officers and employees in the Department, one of whom shall be the Director.

(3) The Lieutenant Governor in Council shall appoint one of the members as chairman and may appoint another member as deputy chairman who, in the absence of or on the inability to act of the chairman, may exercise all the functions and powers of the chairman.

(4) The Commission shall

(a) advise the Minister on matters relating to child welfare;

(b) assist and advise the Director in the administration of this Act;

(c) encourage through study and discussion the development and maintenance of high standards of child welfare services in Alberta;

(d) prescribe the standards and methods of work to be maintained and adopted by child welfare workers and by employees in the Department in all areas of child welfare work;

(e) provide for the evaluation of the work done by child welfare workers and prescribe the methods of making such an evaluation;

(f) prescribe the standards for personnel, buildings, equipment and service that shall be recommended to the Director of Social Care Facilities for child caring institutions, receiving homes, shelters and other places and institutions required to be licensed under the Social Care Facilities Licensing Act;

(g) prepare and submit an annual report to the Minister;

(h) perform any other duties prescribed by the Minister or by the Lieutenant Governor in Council.

Appointment and duties of Director

94(1) In accordance with the Public Service Act there may be appointed a Director of Child Welfare who shall administer this Act under the

direction of the Minister and with the assistance and advice of the Commission.

(2) As part of his duties the Director shall

(a) arrange for the investigation of allegations or evidence that children may be in need of protection and, where necessary, see that protection is provided, and provide guidance, counselling and other services to families for the protection of children;

(b) provide care for children assigned to his care or custody under this or any other Act and provide supervision for all children who are wards of the Crown or are assigned to his supervision under this or any other Act;

(c) arrange for the placing of children for adoption and arrange for the examination and disposal of applications received from prospective adoptive and foster parents;

(d) arrange for the keeping of careful and accurate records of foster homes and adoption homes

(i) in which wards of the Crown are maintained, or

(ii) for children for whom care is being provided;

(e) arrange for the evaluation, approval, supervision and inspection of homes in which children have been placed for foster care or adoption;

(f) cause case histories and records to be kept of children who are dealt with under this Act.

Director may delegate his powers

95(1) The Director may, in writing, authorize a child welfare worker or any employee in the Department to exercise any powers, duties and functions conferred on the Director by this Act and specified in the authorization.

(2) When, pursuant to subsection (1), the Director authorizes a person to exercise any power, duty or function of his, any reference in this Act to the Director in connection with that power, duty or function shall be construed as also referring to the person so authorized.

(3) An authorization, or copy of it, purporting to be given by the Director under this section shall be admitted in evidence as prima facie proof of the facts stated in it without proof of the signature or authority of the person signing it.

Costs payable out of appropriation

100 Out of the money voted by the Legislature for the purpose, the Minister shall pay:

(a) the costs incurred for the maintenance of

(i) a child apprehended under Part 2, while he is detained in custody pending the disposition of his case,

(ii) a temporary or permanent ward of the Crown, and

> (iii) a child apprehended under Part 4, while he is detained in custody pending disposition of his case.
>
> including necessary clothing, transportation and medical, hospital and dental treatment;
>
> (b) that portion of the cost of maintaining a child in temporary care pursuant to an agreement under section 28 that is not paid by the parent or other person in accordance with the agreement;
>
> (c) the costs incurred for the training and education of foster parents, for the return of children to the care of their parents outside Alberta, and for the provision of psychiatric services and psychological services;
>
> (d) the costs incurred in retaining counsel under section 10 to represent a child's interests;
>
> (e) the costs incurred for any service necessary for the care and protection of children not otherwise provided for;
>
> (f) the costs incurred in providing and maintaining special programs designed to meet the particular needs of children on probation.

As is to be expected, the *Child Welfare Act* details the responsibilities of the Department and its representatives on legal matters pertaining to the child's rights while a ward of the Crown. Part 6 of the Act delineates the responsibilities for administration of this Act. In addition, it prescribes certain activities which must be carried out by the Child Welfare Commission and the Director of Child Welfare or his or her delegate. This section of the *Child Welfare Act* bears special relevance to the care given Richard Cardinal during his wardship.

CHAPTER IV

RESPONSIBILITIES OF THE DEPARTMENT OF SOCIAL SERVICES AND COMMUNITY HEALTH AS DEFINED BY DEPARTMENTAL POLICY

The very nature of legislation such as the *Child Welfare Act* of Alberta requires that additional and more specific policy and procedures be created in order to properly carry out the provision of the *Child Welfare Act*. The Alberta Social Services and Community Health Department has identified these policies and procedures in a document called *Child Welfare Programs*. This is an official document which elaborates on the responsibilities of departmental employees with respect to children in care. The *Child Welfare Programs* manual was produced on April 1, 1982 and, therefore, does not cover the majority of the years Richard was in care. However, because it represents the most recent and more comprehensive statement of the Department's responsibilities to its children in care, sections relevant to the care of Richard Cardinal are cited here for reference.

CHILD WELFARE 3

COMMUNITY RESOURCES

A. INTRODUCTION

2. Purpose of the Program

The purpose of the Community Resource Program is to provide community based services to children and their families when the child is in need of protection, the family approaches the child welfare worker requesting service, or services are required to maintain the child in a placement which is the least restrictive alternative.

3. Objectives of the Community Resource Program

The objective for using community resources will vary, but may include the following:

i) To provide support, counselling, guidance, or other services required to keep the family unit functioning.

ii) To enhance treatment of children already in care by providing programs and services that aid in keeping them within a less restrictive placement alternative.

iii) To provide services required in helping children placed in residential resources reintegrate into the community.

iv) To provide services including those ordered by the court to young offenders that allow them to remain within the community (ie) probation, community service work.

4. Program Description

The Child Welfare Branch provides funding for a variety of community resources and services, by contracting with individuals, agencies, organizations and municipal governments to provide programs and services that are needed but unavailable in the community at large. The child welfare worker should refer to the Guide to Community and Residential Resources manual for details of the resources available. Children referred to these resources are generally required to have an open child welfare file. In instances where an open child welfare file is not required this will be stipulated in the resource's contractual agreement.

B. ROLES OF VARIOUS PARTIES INVOLVED IN COMMUNITY RESOURCES

It is important that the child welfare worker, the community resource personnel, and other individuals involved in the child's care, function as a team.

1. Role of the Child Welfare Worker

The child welfare worker assumes overall responsibility for the case planning for children who are on his caseload referred to community resources.

a. If the plan includes making a referral to a community resource the child welfare worker must:

- choose a community resource that is appropriate to the child's or family's individual needs and fits with the general case plan.

- work with the child, parents, or alternate caregivers to determine the reasons for utilizing a community resource, the timing of the referral and the intended outcome.

- complete the required referral documentation for the resource. Most community resources have their own referral forms that request from the child welfare worker information already required for departmental files.

- attend an intake interview or conference with the community resource. This conference should include the child and his family whenever possible and appropriate, the child welfare worker, community resources personnel and any other individual who may be relevant to the child's progress and planning.

- ensure that the conference includes but is not necessarily limited to the following:

    - making explicit the goals, objectives and purpose of the referral.

    - clarifying and documenting the roles and duties of all those involved with the child (ie) community resource personnel, child welfare worker, family, child.

- refer any disagreements as to acceptance of a child to the Regional Manager of Child Welfare Resources.

b. During the child's and family's participation in services provided by the community resource the child welfare worker must:

- continue involvement with the child and family. Maintain regular case contact of at least once monthly and person-to-person contact with the child at least once every three months.

- ensure that a minimum of one meeting or conference every three months occurs or more frequently if required.

- keep the community resource informed of any significant happenings in the child's life that may affect the resources role in treatment, activities or services to the child.

- continue to exercise responsibility for overall case planning in collaboration with the child, the family, the community resource personnel and others significant in the child's life.

c. Prior to termination of services from a community resource the child welfare worker must:

- ensure that any change in case plans that result in the child being withdrawn from the community resource be discussed with the personnel at the community resource.

- request a written discharge report from the community resource.

- ensure that termination has been considered in the case planning and where necessary alternative services have been found.

2. <u>Role of Community Resource Personnel</u>

a. Upon receipt of referrals the community resource personnel must:

- convene and participate in all intake interviews or conferences and involve the child and his family whenever possible and appropriate.

- ensure that the goals of service and responsibilities of the respective parties is formulated and documented at the time of intake.

- refer any disagreements as to acceptance of children to the office of the Regional Manager of Child Welfare Resources or his designate.

b. Upon the child's acceptance to the community resource, the resource personnel are expected to:

- ensure the referral information or forms required are completed.

- introduce the child to the community resource to familiarize him with the program, staff, other children and any applicable rules or regulation of the resource.

- provide adequate supervision while the child is attending the community resource.

- communicate with the child welfare worker as necessary. Meetings or conferences should be held at least once every three months to review the child's progress in the community resource. The content and formality of these will vary depending on the nature of involvement with the child and family.

- provide progress reports on the child as required but not less than once every three months.

c. Prior to termination of services the community resource personnel must:

- provide a written discharge summary on all children attending the program.

- discuss plans for discharge with the child and the child welfare worker. It is unacceptable to discharge or suspend a child from a community program without informing the child and the child welfare worker of the reasons for doing so.

4. Role of the Child

It is important that the child welfare worker and community resource personnel encourage the child's involvement in the case planning that occurs while the services of the community resource are being utilized. The type and degree of involvement will vary depending on the child's individual circumstances. The involvement may include but need not be limited to:

- participating in an introduction or orientation provided by the resource including an explanation of the goals and expectations of the program, introduction to staff members and other relevant individuals.

- attending and participating at conferences and meetings when appropriate.

- participating in decisions that will have an effect on his life.

CHILD WELFARE 10

PERMANENT WARDSHIP: COURT ORDERS

A. INTRODUCTION

2. Purpose of the Program

The purpose of the program is to ensure quality care and long-term continuity of planning is provided for children whose parents are incapable of, or have no desire to provide guardianship.

B. CIRCUMSTANCES IN WHICH PERMANENT WARDSHIP IS CONSIDERED

While the department attempts to keep the family united whenever possible, there are situations when there is little likelihood of the child being cared for within the family. In these cases permanent wardship should be considered.

It is the responsibility of the child welfare worker through careful case planning and consultation to determine whether permanent wardship should be considered. Due to the finality and seriousness of permanent wardship, the responsibility for the final recommendation to proceed with permanent wardship shall always be the joint decision of the child welfare worker and the supervisor. A number of factors and circumstances should be considered in arriving at their decision. Permanent wardship should be considered:

1. When the parent, legal guardian or other person is unable or unwilling to assume guardianship.

2. Where the identity or whereabouts of the parents are unknown and have not been determined after a diligent search.

3. When there is an apparently irreversible history of physical abuse or serious neglect of this child or any child in the family.

4. Where parents are consistently or repeatedly unable to care adequately for the child because of an emotional condition, mental condition, mental deficiency or use of alcohol or drugs.

5. Where the efforts made by the parents to modify their circumstances, conduct, or conditions to facilitate the child's return home are repeatedly insufficient despite efforts made to assist them.

6. Where the child's feelings towards, and emotional ties with, his birth parents have ceased.

7. Where the conditions that led to the child's apprehension and need for protection outside his home continue.

K. SERVICES AVAILABLE TO PERMANENT WARDS

All services available to other children in care are also available to permanent wards. Child welfare workers must be very familiar with the provisions of this policy manual, Child Welfare, 12, 13, 14.

M. PLANNING PRIOR TO EXPIRATION OF PERMANENT WARDSHIP

As the child is under the sole care and custody of the Director it is imperative that the child be aided in making plans for his future. The following guidelines are suggested:

1. Plans for the child should be considered well in advance of expiration of wardship.

2. The child welfare worker should in conjunction with the child, and where applicable, the foster parent, develop a written plan before expiration of wardship, which will enable the child to move towards independence.

3. This plan must be recorded in the Review of the Child's Progress (S.S.C.H. 72A).

4. The child welfare worker should help the child to find and utilize resources available in the community that are necessary to assist in his independent functioning.

N. EXTENSION OF PERMANENT WARDSHIP

Section 26 (4) of the Child Welfare Act makes provision for wardship of a child to be extended for ten months beyond the age of eighteen, should additional time to complete schooling or training be required.

a. The child welfare worker shall inform the child of his right to have wardship extended in advance of the child's eighteenth birthday if the child is attending school.

b. The child must apply in writing to the Director of Child Welfare requesting extension of wardship and outlining the circumstances of the request.

c. If the extension is granted, the child shall remain a ward for the period authorized.

CHILD WELFARE 12

FOSTER CARE PROGRAM

A. INTRODUCTION

The Foster Care Program is a vital resource in meeting the temporary residential needs of children who come into care of the Director of Child Welfare through the Child Welfare Act or the Juvenile Delinquents Act. Children residing in foster homes may have come into care through Custody by Agreement, Handicapped Children's Services, apprehension, Temporary Wardship Orders or Permanent Wardship Orders.

D. ROLES AND RESPONSIBILITIES OF DISTRICT OFFICE SOCIAL WORKERS IN RELATION TO FOSTER CARE PROGRAM

A social worker is to work in a cooperative partnership with foster parents with the goal of meeting the total needs of foster children in the best possible way.

Foster parents are not clients but must be considered "part of the team". They are working with the department, not for it. In many respects they probably know the child better than does the social worker and thus the worker's role with them is largely a supportive one. The worker should discuss problems with them, suggest resources and alternatives and make sure that the child's and foster parents' needs are being met. Normally, decisions relating to the child should not be made without consultation with the foster parents.

After having approved applicants as foster parents, the department must place a great deal of confidence in them. The role of the worker is to help the child succeed in the community and help the foster parent succeed in his role as a substitute parent.

The following functions may be assigned to such specialized positions within district offices as foster care workers, child welfare workers, regional foster parent training coordinators, and foster parent liaison workers.

1. Recruitment of applicants.

2. Screening of applicants.

3. Approval and rejection of applications.

4. Matching of foster children to appropriate foster parents.

5. Placement of children (with necessary documentation and information available for foster family).

6. Regular visits/contacts with the child and his foster family to review progress, identify resources and services required to support child and family growth.

7. Where appropriate, to facilitate and ensure that contact and visits between the child and biological parents and other family members occur.

8. Ensure foster families receive all available departmental financial supports in return for the provision of foster care services.

9. Development and implementation of treatment plans for children in care.

10. Development of long range placement goals for the foster child.

11. Provide basic orientation for all applicants and newly approved foster families.

12. Facilitate the development of, and ensure access to, ongoing educational programs for foster parents.

13. In conjunction with the Alberta Foster Parent Association, facilitate the formation and continued functioning of district foster parent associations.

14. Support community awareness of foster care, foster children's needs and foster parents' contributions to the child welfare system.

15. Identify for Central Office program staff, missing resources and difficulties which may impede the operation of a successful foster care program.

I. PROCEDURES FOR CHILD PLACEMENTS

4. Placement of the Child into the Foster Home

When the most appropriate selection of foster home has been made, it is essential that the child welfare worker ensure that the child, his parents, and the foster parents be prepared adequately:

a. All parties involved should have a clear understanding of the reasons for the move.

b. All relevant information about the child and his family should be shared with the foster parents.

c. Section 3 of the Child Welfare Act binds approved foster parents to confidentiality in the same manner as child welfare workers are bound.

d. Whenever possible, the child should be given information about the foster parents. Every effort must be made to reduce the child's fear and the emotional turmoil associated with separation from his family and his placement into a strange environment. As many pre-placement visits as possible should be arranged.

e. Apart from the obvious exceptions (e.g. permanent wardship, surrender, parents' abandonment, etc.) the parents should know what information about them is being shared with the foster parents.

5. Requirements Upon Placement in a Foster Home

a. Case planning and case management. A case plan should be written that shows the goals to be achieved and the roles to be adopted by each member of the "team" (e.g. the child, his parents, the foster parents and the child welfare worker).

The child welfare worker must further ensure that regular and frequent contact with the child, his parents and the foster parents occurs. This contact should cover the following areas: the foster family's success with difficulties; plans for visits with the parents and family and friends; the child's feelings about the foster family, his own family members and the child welfare worker; the child's adjustment in areas such as school, neighbourhood, peer groups; the use of community resources; the child's and the family's reaction to contact with community mental health and medical resources, etc. All such contacts must be committed to writing in the form of contract notes and reviews of the child's progress.

The child welfare worker must provide intensive supervision and support for the foster parents during the first three months following the placement of a child. Staff should note that the most common reasons for foster parents' requesting removal of a child from their home are inability to cope with the child's behavior and lack of support from the child's worker.

Foster care workers should contact newly approved homes monthly for the first three months in operation.

J. REMOVAL OF A CHILD FROM A FOSTER HOME

The removal of a child from a foster placement should be a mutually planned event whenever possible. If the foster parents have been given full information about the child and his family, the problems which they might anticipate, and if full support has been offered by the supervising child welfare worker, sudden requests to remove a child should be at a minimum.

When a district office plans to remove a child from a foster home, the foster parents should be notified both verbally and in writing as far in advance as possible. Foster parents should be given adequate time to prepare their own family and the child for the move.

CHILD WELFARE 14

SERVICES TO CHILDREN IN CARE

E. METHODS OF PROVIDING MEDICAL COVERAGE AND RELATED HEALTH SERVICES

(4) Health Services Provided by SSCH 18R to All Children in Care

(e) Psychological Services

In instances where there appears to be a need for psychological assessment and counselling, arrangements shall be made with the

local Mental Health Services for the child or family to be seen. However, if owing to time limits or other factors (e.g. court appearance), Mental Health Services is unable to grant an early appointment a private psychologist may be retained at a cost not to exceed $55.00 per hour.

Psychological services shall be contracted only to registered psychologists certified to practise in Alberta and who possess specific skills needed to help children and their families resolve their problems.

Counselling and therapy may also be contracted to a private practising Social Worker with a minimum of a M.S.W. and who is a registered Social Worker.

C. THE SOCIAL WORKER'S RESPONSIBILITY IN THE HEALTH AREA

(8) Enuresis (Bed-Wetting)

Where it is evident that child is enuretic, a medical examination shall be obtained to determine if there is any organic disfunction or disease. A number of drug therapy programs are available and should be tried before any form of conditioning program is entered into. However, in the event that organic disease is ruled out and drug therapy has proven ineffective, consideration may be given to refer the child into a conditioning program such as the procedure of using "bell ringing" machines or psychological conditioning, such as hypnosis.

An examination of this policies and procedures manual indicates that the emphasis is placed on the maintenance and monitoring of a child in care. This is particularly true of those sections relating to children who have permanent ward status. There is little, if anything, specifically stated in relation to what would be termed "casework service."

In addition, this policy and procedures manual says very little concerning the responsibilities pertaining to supervision of services rendered to the child in care. Where reference is made to supervision, it most often applies to supervising the social worker on policy and regulations pertaining to legislative requirements. Reference to casework planning and service to children who are troubled is very limited.

POLICIES AND PROCEDURES, NORTHWEST REGION

For the most part, policies and procedures in the Northwest Region are derived from the Central Office of Alberta Social Services and Community Health. Since the advent of regionalization in 1980, the Northwest Region has attempted to take greater initiative in development of its own policies. For example, on January 1, 1984 the Northwest Region put into effect a case management policy (Appendix "A"). In addition, the region has a statement of policy regarding clinical supervision. This policy statement is dated January 11, 1983. It spells out the responsibilities of a clinical supervisor within the region. It divides the responsibilities into supervision and consultation.

Supervisory Responsibilities Include:

- Review files for quality of service.
- Review forms for accuracy and adherence to policy.
- Conduct intake conferences.
- Provide worksite managers with computer data of caseload summaries, on a "need-to-know basis."
- Provide worksite managers with summary data from intake conferences.
- Provide worksite managers with contact information: e.g., number of contacts, types of contact, hours of client contacts.
- Provide direct case consultation to workers as need [sic] arise.

- Advise staff of program (professional) related policy and regulations.
- Ensure continuance of file audits through either area peer review or by himself.

Consultant Responsibilities Include:

- Assist worksite managers with deployment of services and staff.
- Assist managers (worksite and area) with planning.
- Assist managers (worksite and area) with developing policy.
- Other file audits and quality control functions as required.

CHAPTER V

A CHRONOLOGY OF RICHARD CARDINAL'S LIFE

INTRODUCTION

The following chronological overview of Richard Cardinal's life in the care of the Department was prepared using the file information held in the Child Welfare Division of the Department of Social Services and Community Health, supplemented by information gained in personal interviews. This chronology gives a perspective on critical life events and decisions made on Richard's behalf during his thirteen years and eight months in care. On occasion I have interspersed the chronology with editorial comments.

OCTOBER 7, 1970 TO DECEMBER 4, 1970

Richard was born October 7, 1966 to parents of Metis racial origin. At the time of his apprehension on October 6, 1970, Richard was the third youngest in a sibling group of four boys and three girls. His three older brothers were already temporary wards but were living at home, having been returned to their mother in June 1970.

During the morning of October 6, 1970, a social worker found Richard and his two younger sisters in their home in the company of an inebriated, semiconscious man. There was no heat in the house; the children were cold and dirty; their hair was matted with lice and Richard had open sores on his head. Mrs. Cardinal could not be located at the time of apprehension. Mr. Cardinal was employed in the Northwest

Territories and had been absent from the family for a number of years. Richard and his sisters were apprehended and the four older children were located and taken into the custody of the Department. Richard spent his first night in care at the nursing station in Fort Chipewyan. On the following day he was transported to Fort McMurray and placed in the first of many foster homes. He was given a medical examination and determined to be in good health. He was described by the social worker as being a very active four-year-old boy. His stay in this home was uneventful and, unfortunately, very brief. Due to a medical difficulty experienced by his foster mother, Richard was moved one month and twenty-seven days after being placed in this home.

DECEMBER 4, 1970 TO DECEMBER 15, 1970

On December 4, 1970, Richard was moved to his second foster home, also in Fort McMurray. This foster home placement lasted only eleven days as the new foster mother broke her arm and felt that she could not properly care for Richard.

At a court hearing on December 11, 1970, and after a number of adjournments, Richard and his siblings were made temporary wards of the Department of Social Services for a one-year period.

DECEMBER 15, 1970 TO SEPTEMBER 15, 1971

Richard's third foster home placement, still in Fort McMurray, was made on December 15, 1970. During his stay in this home he was described as a bright, happy, active and healthy youngster. There was,

however, nothing to indicate the foster parents' degree of affection for Richard. He had no contact with his parents since the date of apprehension, but was occasionally visiting those of his brothers and sisters who were also in foster homes in Fort McMurray. The worker, in a brief note on August 16, 1971, did express some hope that Richard would return to his parents. There was no indication of a plan or any action designed to facilitate this.

SEPTEMBER 15, 1971 TO MARCH 10, 1972

After nine months with the third foster couple Richard was abruptly moved again. On September 15, 1971 Richard was placed with his fourth foster parents. His previous foster father had lost his job, necessitating a move from a company home into a trailer. They stated that they did not have room for a foster child and although "There were quite a few tears shed at the...[foster parents] home..." Richard was moved.

On December 9, 1971, Richard's temporary wardship was extended for a further one-year period. No clear plan for Richard's future was on file in support of this one-year extension. The last record (September 1971) prior to the granting of the extension gives some indication of the state of case planning. Under the heading "Plans for the Child," the worker stated, "We are still living in [sic] the idea that the children will be returned to Mrs. Cardinal in Fort Chipewyan but it is not too hopeful at the present time."

During his five months and twenty-three days with this fourth foster family Richard had his first visit with his natural mother. This

visit was also a time for a reunion with Richard's siblings. The social worker notes, however, that this reunion with mother and children was not a very satisfactory time. The worker observed the mother to be "somewhat irritated by the noise and commotion that the children made while visiting her."

While with this foster family, Richard was described by the social worker as a likeable child who invents stories to get attention and to compensate for his low self-esteem. It was further suggested that due to his need for attention, he was reported to be having problems with his peers at school. It was further noted that Richard was beginning to experience difficulty "in accepting authority." This seemed to refer to discipline.

MARCH 10, 1972 TO FEBRUARY 26, 1973

On March 10, 1972 another change in Richard's foster care placement was made. Richard was moved to Lac La Biche and placed with his fifth set of foster parents. The record indicates that this change occurred because the previous foster parents moved to Calgary and were unable to continue caring for Richard. At the same time, Richard's next oldest brother was placed with him in this foster home. By this time definite problem behavioral patterns were emerging. In April 1972 the record describes Richard outgoing, active, aggressive, tense, talkative, sociable, and a strong-willed child who is a discipline problem on occasion. Again, it is mentioned he wants to be the centre of attention and does not care how he attracts this attention to himself. A report dated

July 1972 describes Richard as being strong-willed and manipulative. For the first time, it is noted that he is "occasionally enuretic." (This is a problem that will stay with Richard for the rest of his life.) An assessment was requested and completed by a psychologist in Lac La Biche. This psychologist found Richard to be "a normal child" and believed that his bed-wetting was a means of testing his foster parents.

Even in view of these observations the worker concludes the July report with, "Richard seems to be much more relaxed and feels that he is a part of the family." The worker was to discover shortly after this observation that the foster family took their vacation and left Richard with another family (without notifying the Department). This family in turn left on their vacation and placed Richard with another family. Still the Department was not notified. Not until Richard ran away twice from this family did the social worker become aware of what was happening. The worker then placed Richard with a third Department approved family until the assigned foster parents returned. In a matter of a few weeks Richard had been shuffled through three more family units.

In the October 1972 recording, the supervising social worker begins to question the commitment of these foster parents to Richard and his brother. At this point the worker declared a plan to find another foster home placement for the boys. However, by January 1973 the boys continued to reside with the fifth family.

Richard's behavioral problems appeared to have abated somewhat, but it was stated that he was much more seriously enuretic - sometimes wetting the bed twice per night. Again, the supervising worker stated

his discontent with this setting for Richard and indicated that he would immediately search for another foster home.

During this period of time, and after two adjournments, on February 7, 1973 at a court hearing in Fort McMurray Richard's wardship was extended for another year.

Richard was now six years and four months of age, and he had been placed with a total of eight different families (two of which had not been approved by the Department). It was becoming quite obvious that Richard and his brother were about to undergo another move. The file data indicate that not only was the worker unhappy with this current foster placement, but clearly the foster mother was asking for Richard and his brother to be removed.

FEBRUARY 26, 1973 TO APRIL 29, 1974

By now it was predictable. On February 26, 1973, Richard and his brother were moved from Lac La Biche to the town of Breynat. Richard was placed in his ninth foster home with his brother. According to the record Richard was said to have settled in well, although the foster parents identified the same problems with Richard that the previous foster parents had experienced. Richard continued to wet the bed but, according to the record, this was less frequent than in the previous home.

The supervising social worker at this point was the first to begin to record concern regarding the planning for the Cardinal children. They were now into their third year of temporary wardship. The point

was made at this time that a decision should be rendered, either to return the children to their parents' care or to seek an order for permanent wardship. No action was initiated.

Interestingly, in December of 1973, an unplanned change in the Cardinal children's status did occur. Apparently their wardship terminated in December 1973, rather than in February 1974 as had been thought by the Department. As a result, it was necessary to contact Mrs. Cardinal to secure a Custody by Agreement so the children could legally remain in care. This agreement was signed by their mother initially for a three-month period and then in March 1974 for a further six months to September 1974.

During Richard's time in this foster home, the record indicates that he was doing quite well. Words such as "quite happy" and "talkative" were used to describe him. At this point he was in grade two and his teachers reported not to be experiencing any difficulties with him. The bed-wetting problem continued to be a focal point of concern. In an effort to secure help, Richard was referred for a medical examination. This examination revealed no physical basis for his enuresis.

APRIL 29, 1974 TO FEBRUARY 11, 1975

While this foster home placement appeared to be a relative success, unstated health problems developed on the part of the foster mother. As a consequence, after one year and two months, Richard was once again moved to another foster home. On April 29, 1974 Richard met his tenth foster parents. Again this move was made with his brother and

they remained in the town of Breynat. During his time with this foster family, Richard continued to be enuretic and manifest some behavioral problems. By this time the social workers had taken Richard to several doctors regarding his enuresis. Recurrently, the statement that no physical reasons were found appears on the file. It was then declared to be caused by "a nervous reaction." Of major significance, during this time period, was the placement of Richard's older sister in this foster home. Richard was reported to have been "thrilled" at having a sister in the same home.

The manner in which Richard's custody within the Department was handled continued to be somewhat puzzling. A third Custody by Agreement for the period September 1974 to December 1974 was signed by Mrs. Cardinal. However, on November 19, 1974 Richard and his siblings were again apprehended in order to move toward the status of temporary wardship. Mrs. Cardinal's continuing problems with alcohol and her transient lifestyle indicated that there was little likelihood of her being able to assume responsibility for her children. At a court hearing on February 11, 1975 Richard and his brothers and sisters were made temporary wards to January 15, 1976.

The recording on file during the period while Richard was in his tenth foster home is extremely sparse and quite inadequate. During this period, four progress notes were added to Richard's file. Three of the four done by one worker contain as few as eleven lines reporting on eight and one-half months of Richard's life. What little data does appear is framed within a positive tone. Generally speaking, the record

indicates that Richard and his foster parents are experiencing "no problems that they have not been able to solve." However, after nine months and thirteen days within this foster home, Richard and his siblings are abruptly moved to what will become Richard's eleventh foster home placement. There is absolutely no indication that anything had gone wrong in the foster home, and it is only upon reading the progress record written by a new social worker that one receives any indication as to why Richard was moved.

FEBRUARY 11, 1975 TO MARCH 11, 1976

The record indicates that on February 11, 1975 Richard was moved to his eleventh placement because "there was sufficient evidence to believe that they [i.e., the children] were improperly cared for (e.g., clothing kept at a poor standard, unusually strict methods used to curb Richard's bed-wetting, etc.)." The file does not provide any further details as to what necessitated this move.

This new foster home was in the town of Fawcett. Fortunately, Richard again was accompanied by his brother and, on this occasion, also his sister. The record indicates that the children reported sad feelings about moving from the previous foster home and they did not seem to understand why it was necessary. Four months into this placement, it is reported that Richard's bed-wetting did become much worse. A doctor prescribed medication which had no effect. Richard was described by his foster parents as more difficult to look after than his two siblings, as he was impulsive and not very "sensible." However, the

social worker believed that a good relationship had developed between Richard and his foster parents.

Richard was now in grade three and was progressing reasonably well. While his teacher believed him to be of average intelligence, she did think that his attention span and work habits were poor. She also indicated he was rough in his play activity with his peer group.

By October 1975 Richard's bed-wetting was very serious. A new medication prescribed by a doctor did not help, and the doctor suggested the use of a timing device called a "Mozes Detector" which would wake Richard at regular intervals during the night so he could go to the bathroom. The enuresis continued as a serious problem.

The record during this period describes Richard as a high-strung and nervous child. There were frequent fights between Richard and his two siblings. The school recorded he was not working to his potential. The foster mother has now begun to suggest that she is having trouble coping with Richard's bed-wetting and it may be necessary to move Richard. The worker concludes the October 1975 progress record, "...it seems to be quite obvious to the writer when visiting with the children and the...[foster family] that he is very fond of his parents and they are also very attached to him."

Temporary wardship during this period was extended for another six months on February 5, 1976. The question of permanent wardship does not reappear on the record at this time.

MARCH 11, 1976 TO JUNE 27, 1980

A very definite pattern had now emerged in Richard's life under the care of the Department. As soon as the record indicated the placement had stabilized and Richard and the foster parents were apparently in a satisfactory relationship, Richard would be moved. This pattern was about to be repeated as the record indicates in March 1976. The foster parents had become frustrated with Richard's bed-wetting and once again the social worker was asked to move Richard. Thus, on March 11, 1976, Richard was moved to his twelfth set of foster parents. This move was to the town of Westlock, and unfortunately it did not include his brother nor his sister. He was the one identified an unmanageable even in view of the behavioral problems presented by his brother and sister. This move was one of the most upsetting for Richard. Not only was he identified as the most difficult child of the three, but he was about to lose his brother and sister again in addition to another set of foster parents. These new foster parents told me that they have a vivid memory that Richard was "really bitter" because of this move. There is little doubt that Richard carried this hurt and resentment for years after.

The recording three months after his placement suggested that his placement was going well. The foster parents had described Richard as an ambitious, energetic, honest and open boy who enjoyed working on their farm and playing with their two children. He had been using the Mozes Detector for some months and the enuresis had again abated. This placement in Westlock was to turn out to be the longest time that

Richard was to spend with any foster family. During the first two years, Richard's placement continued to be successful. His bed-wetting, while still present, was occurring less frequently. The foster parents found him to be friendly and outgoing with a strong and positive personality. He was doing average work in school. He had sporadic contact with his older brother.

On March 28, 1977 Richard was made a permanent ward. There is little on the file to explain why this decision-making process had taken over six years. Further, few references are made to Richard's parents and the efforts made by the Department to reunite this family. This, indeed, may not have been a viable goal but it is important to know the extent of such goal setting and effort expended.

The May 1977 progress report briefly notes, "There was an occasion on September 21, 1976 when Richard told another set of Foster Parents that he was beaten at the...[current foster parents'] home. The Social Worker at the time questioned him and he said he was not telling the truth and didn't know why he said he was beaten." There is no indication that Richard's report was investigated any further.

Near the end of the second year in this placement the file begins to identify the recurrence of behavioral and emotional problems. In November 1978 the recording indicates that Richard had appeared in court the preceding June on an auto theft charge. The foster mother was noted as saying that she felt her foster son understood the consequences of breaking the law and believed he would stay out of trouble in the future. However, further reports indicated that he had stolen money from

his foster parents several times and, much to their displeasure, had been caught smoking. As well, he was now failing all his subjects in school. The bed-wetting was still occurring and the foster parents were complaining of a very strong offensive odor. Certain positive attributes were identified on the record. One worker commented that, "The younger children look to Richard as a big brother to get some attention and to play games with him as he has a particularly good imagination to keep them occupied. Richard generally is an easy going, good natured boy that seems to love socializing."

Certainly these foster parents supported this view in discussion with me. They described him as always laughing and jumping around. "We trusted him with the kids - he was terrific with the girls [referring to their natural children] - they thought he was super!" They further described Richard as very manageable and well liked by his peers. They never saw him as depressed and they stated that he never mentioned suicide in the four years he was with them. (It should be mentioned that Richard's book vividly describes a suicide attempt which in the sequence of events he details would place it during this time period. After numerous inquiries, as well as reading medical and social service records, I was unable to find any data which would allow me to verify this.) Richard was playing hockey and had many friends on the team and at school. He had an aptitude in music and had become involved in the school band. There was no evidence that Richard's strengths were ever used to build a stronger self concept. They were simply reported as facts on the progress record.

Overall, Richard's relationship with these foster parents appeared to be positive and meaningful. It does appear that this placement was a strong one. The record, however, indicates the slow but continued growth of problems in Richard's behavior. For example, while in this foster home, Richard had stolen a truck, he had shot the foster parents' cow and was now attempting to achieve his independence by running away from home. His school performance was well below his potential and he was identified as a behavioral problem in the classroom. And, although the foster parents were reported to be "quite fond of Richard," and he was "quite good in helping with the chores around the farm," a now familiar event was to be repeated.

JUNE 27, 1980 TO AUGUST 17, 1982

After four years and three months with Richard, this foster family decided to move to a smaller home. They informed Richard and the social worker that they would not be able to keep Richard with them; therefore, on June 27, 1980 Richard was moved to his thirteenth foster home. Again, not only was it a move in foster home placement, but it was a new town - this time, Cherhill. The worker at that time recorded his own observation regarding the inability of the foster parents to keep Richard even though they were moving to a smaller home. He stated: "I don't believe that Richard truly accepted this fact as he continued to talk about what they would do at...[the foster home] next fall, and he told people that he would be back later in the summer, although he was explicitly told that he was moving for good."

If anything can be stated to be positive about this move it would be that he was reunited with his next oldest brother. Richard had a very close and positive relationship with this brother. By October 1981, he seemed to have settled into this new home, but his bed-wetting problems continued. His progress in school was below average, although he attended regularly.

From my analysis it is clear that Richard had suffered more rejections than he could tolerate (for that matter, more than any of us would be able to tolerate). His uprooting from the last two placements were recognized by those involved to have been very difficult. Understandably Richard attempted to deny that he was being moved from his last home of four years and when this denial finally yielded to the reality, a different Richard began to emerge.

This is not to say that these new foster parents were not caring and committed. In fact, they were very loving and their commitment to Richard was to be tested many times. Richard had changed and, while he was to develop some strong relationships in this home and community, he could no longer avoid confronting the realities of his life. He was now fourteen, going on fifteen years of age - a period known to all of us as troublesome even in the most stable of relationships. Having lost his cultural and individual identity and without any trusting adult relationships, Richard was alone. He had long since given up trusting that relationships last. Loneliness, coupled with little sense of power to influence one's future, is a confusing and frightening feeling. It was in this foster home and this community that these feelings began to be

expressed in attitudes and behaviors never before seen as characteristic of Richard. Descriptive words such as "angry," "irritable," and "laziness" began to appear in the caseworkers' reports. In addition, one report of glue sniffing was reported and, although it is not recorded on the file, the foster parents became aware of some drug usage.

Richard's enuretic problem continued to be the major focus of concern for the social worker. "Apparently Richard will put on several pairs of shorts (to act as a diaper) and he will remove the wet sheets from his bed and hide them. Since Richard is 15, I feel that this is an urgent matter." The worker subsequently requested a psychological assessment and finally a referral was made for treatment at the Child Development Centre in Edmonton. During this period of time Richard was seen by two different psychologists. The first one saw him for "therapy sessions" for a total of five sessions. Unfortunately that psychologist moved from the Centre and Richard's case was transferred to a second psychologist. I am not certain how many sessions this second psychologist had with Richard, but it would appear to have been in the neighborhood of three sessions. While the file does not indicate the content of these sessions, it would appear that they were "in-depth sessions." The second psychologist is reported to have stated to the worker that "Richard is struggling between 'giving up' on his mother, and growing closer to the...[current foster parents]." Richard appears to have been quite ambivalent about these sessions and there is some indication he was troubled by the content. Richard's foster mother felt that the sessions were pressuring Richard too much and he could not

handle it. Whether or not this was an accurate observation, Richard's enuretic problem stayed with him.

AUGUST 17, 1982 TO SEPTEMBER 9, 1982

On August 17, 1982 Richard ran away from his foster home. The foster mother had reported that sixty dollars belonging to her had also been taken. She did acknowledge, however, that sixty dollars was owed to Richard. In fact, he had taken only the sixty dollars which he considered to be his property. On August 27, 1982 Richard was located in the city of Lethbridge. How he got to Lethbridge and where he had been for the past ten days was not indicated on the record. On August 27, 1982 Richard spent the day at Sifton Children's Centre, Lethbridge, Alberta. On August 28, 1982 Richard was returned to his foster home in Cherhill.

On September 7, 1982 Richard was seen by yet another psychologist at the Child Development Centre. This referral was initiated, in part, due to some written statements on sexual matters that had been written by Richard. The file information is rather ambiguous on this and the stated need for the referral. For example, while Richard had already been in treatment at the Child Development Centre and had an open invitation to return to the last psychologist with whom he had been in treatment, Richard was seen by the psychologist who is Director of the Child Development Centre. In a report dated September 8, 1982, it is observed that the referred difficulties involved Richard and two other boys (a fact verified in my interview with the foster parents), but the

discussion focussed on Richard. A September 21, 1982 letter from this psychologist recommended that Richard be considered for admission to Acadia House group home in Edmonton. It is not altogether clear as to why this group home option was discussed and eventually recommended, other than Richard is reported to have "expressed an interest in moving into the city." A major question remained unanswered here. According to the foster parents all three boys were referred to the psychologist to discuss a sexual behavior alleged to have been performed by one or two of the other boys. Richard reported this in written form. For some reason Richard was the only one interviewed and all the psychologist's recommendations concerned him.

SEPTEMBER 9, 1982 TO OCTOBER 5, 1982

Two days after this assessment interview (i.e., September 9, 1982), Richard moved at his own request to a fourteenth placement (a receiving home) in the town of Barrhead, thus ending slightly over two years of placement within the previous foster home. Richard had stated that he wanted a change, not because he disliked the previous foster parents but because he wished to begin to look after himself and become independent. However, after eleven days in this placement, Richard ran away for three days. Richard and another boy turned themselves into the RCMP in Fort McMurray and both were charged as a result of shoplifting incidents. On September 24 Richard was returned to the foster home in Barrhead. Richard remained in this home for an additional twelve days.

OCTOBER 5, 1982 TO NOVEMBER 19, 1982

On October 5, 1982 Richard again moved: this time to the home of one of his friends in Barrhead. A decision was made to allow him to stay in this home pending his entry into Acadia House in Edmonton. However, Richard stayed in this home only one month and six days and on November 11, 1982 moved himself back to the foster home in the Cherhill area. Here he stayed until November 19. The period from when he left the foster home (August 17, 1982) until he returned on his own initiative (November 11, 1982) was Richard's first bid to demonstrate that he could make it on his own. It was not unusual for Richard and the other foster children to engage in discussions about how they could make it on their own without the help of their foster parents. Not an unusual adolescent discussion. For Richard, however, it was essential that it be tried. He was almost sixteen years old and approaching the age of eighteen years when he knew he would no longer be a ward and he would have to make it on his own. According to his foster mother, this was a thought that "terrified" Richard.

NOVEMBER 19, 1982 TO APRIL 21, 1983

On November 19, 1982 Richard entered Acadia House for a two-week orientation period. By December 7, Richard had indicated that he did not like living in the city and that he wished to return to live in the foster home in Cherhill. However, these foster parents stated they would not take him back on a permanent basis as they felt unable to deal with his problems. They did say, however, that they would welcome him

for visits. As a result, Richard made a decision to remain in Acadia House.

On December 7, 1982 Richard attended court and was placed on probation to June 30, 1983 as a result of the shoplifting charges laid in the city of Fort McMurray in September.

Richard's placement at Acadia House lasted from November 19, 1982 to April 21, 1983 (approximately five months). Richard's supervision had now been transferred from Barrhead District Office to Centennial Mall District Office in the Edmonton Region. Interestingly, however, the transfer summary was not prepared until February 4, 1983. The Edmonton worker acknowledges that her first contact was not until February 14, 1983 and this was a telephone call from the Director of Acadia House advising her that Richard had run away.

Richard had difficulty settling in at Acadia House and his commitment to the program objectives remained weak throughout his time at Acadia House. According to personnel at Acadia House, Richard's adaptation to life in the city was difficult for him. "He was just not a city kid" was the observation made by the consulting psychologist during my interview.

In addition, Richard disliked school intensely. He had enrolled in Bonnie Doon High School in Edmonton. It is not surprising this provided a major problem for Richard. He had been familiar with Sangudo High School. A school with significantly fewer children and a very understanding and tolerant high school principal; one who had taken a very personal interest in Richard and his problems. From my own

perspective I am surprised Richard stayed in school as long as he did. His motivation was probably derived from his desire to stay in Acadia House. For, even though he was not fully involved in the program, it was apparent that he was not unhappy about this placement. A diary he kept during his stay was shown to me during my visit. It was written in a generally positive tone.

Further, the staff saw him as deriving a fair amount of peer support from the other children in the program. He was described by the Director of the program as "the most popular kid" in the program. He showed definite leadership skills and the others valued him in this role; e.g., he took total responsibility for organizing a ski trip to Sunshine Village, including working out the budget. The Director commented, "He loved responsibility and was very proud of the job when he was done."

The expectations of this placement were, however, more than Richard could achieve. During the months of February and March, Richard ran away a number of times. In March he quit school. (Acadia House allowed him to stay although their policy requires all children to be in school.) He was encouraged to find employment, which he did but did not keep the job. He evidently failed to show up when was expected and was consequently let go. He started but did not complete a life-skills course in April.

Richard's frustration began to re-emerge. In a confrontation with a staff member, he hit the staff member - an action which was very uncharacteristic of Richard. He also threw a rock at the staff member's

car. By the time the decision was made to ask Richard to move, the Acadia House staff had felt they had exhausted their alternatives.

It was only in the last days at Acadia House that Richard was observed to be depressed. Although he had a number of angry outbursts during his stay, the staff had not seen him depressed. When he left, the staff saw him as very withdrawn and they felt his aggression was building.

It is worth noting that Richard returned to Acadia House for a number of visits after his discharge. The Director noted, however, that "Richard had really gone down hill in affect and appearance."

APRIL 21, 1983 TO MAY 20, 1983

On April 21, 1983 the social worker met with Richard and noted that "He no longer wanted to stay at Acadia House and Acadia were not willing to keep him as his attitude was not helping." It was Richard's suggestion that he return to the foster home in the Cherhill area. This was viewed as a short-term placement during which time the Edmonton worker attempted to find Richard a foster home. After attempting to locate some alternate placements without success, the worker was about to transfer the case back to Barrhead. Richard, however, left the Cherhill foster home and returned to Edmonton.

MAY 20, 1983 TO OCTOBER 24, 1983

On May 20, 1983 Richard began an on-again, off-again stay with the Youth Emergency Shelter Society (Y.E.S.S.) in Edmonton.

Now, by way of introduction to this phase of Richard's chronology, let me say that nowhere else have I found there to be such a discrepancy between what is on the Department file versus what was communicated to me in my personal interview with three Y.E.S.S. staff, including the Executive Director.

For example, the file states that on April 20, while Richard was still officially at Acadia House, he "spent the night just walking around." According to Y.E.S.S., he had in fact been admitted to their CRASH program for that night. Again on May 16, 1983 the departmental record shows Richard to be in Cherhill, while the Y.E.S.S. records show him to be in their CRASH program.

What does unfold during Richard's time with Y.E.S.S. is a complete lack of communication between the social worker and this facility.

The records of Y.E.S.S. indicate that Richard was in the CRASH program between May 17 and May 26, 1983. During this time they have no record of any contact with the Department. On May 30 they felt that Richard could profit by referral to their residential program. Their rationale was that he could use the stabilizing influence of this program. Their records indicate that they continued to try to emphasize to the Department that they were an emergency facility and Richard's placement was inappropriate.

During the period May 31 to June 5, Richard remained in the residential program. However, because of a lack of interest in and commitment to the program, he was discharged from the residential program back to the CRASH program.

Between June 5 and June 13 he remained at CRASH. On the evening of June 12 he and another boy were caught at the scene of a "break and enter" at Gainers.

Between June 13 and June 21 (according to Y.E.S.S.) Richard was AWOL. During this period Richard returned to the home of his Cherhill foster parents, broke into their home, stole a gun, ammunition, their truck, two cash boxes and the family dog. He was found and charged in Quesnel, British Columbia.

Although departmental records indicate that Richard did not return to Y.E.S.S. until June 28, it is known he returned to Edmonton on June 20. I am therefore inclined to accept the records of Y.E.S.S. which show Richard to be with them again from June 21 to October 24, 1983.

This period was characterized by frequent runaways, aggressive outbursts, frequent intoxication, disruptive and rowdy behavior. The Y.E.S.S. staff were clear that Richard needed help they could not provide. They informed me that they frequently requested case conferences with the social worker but these did not occur.

Richard's behavior continued to deteriorate. On August 17, 1983 he was found in a local 7-11 convenience store with self-inflicted wounds. He was taken to the University of Alberta Hospital and treated. He was also given medication for depression.

Throughout August Richard's behavior remained a problem. The relationship between Y.E.S.S. and the Department did not improve. The worker stated to me that she continued to see Richard frequently in her

office while the Y.E.S.S. staff claim that they had little support and no information from the Department.

On September 9 an interview upset Richard and that evening he threatened a staff member with a knife and later made self-destructive gestures toward himself. He was taken to the University of Alberta Hospital, given a sedative and discharged.

The next evening he was again taken to the University of Alberta Hospital, this time for severe intoxication.

The Y.E.S.S. staff claim to have been so frustrated by the social worker's lack of involvement that they arranged an appointment with the social worker's supervisor. In a further effort to emphasize their concern about Richard, his key worker at Y.E.S.S. wrote a letter on September 14, 1983 to the supervising social worker. This letter expressed a grave concern for Richard, particularly in relation to his emotional state. He was purported to be alternating between being happy and being deeply depressed. In addition, he was demonstrating suicidal gestures, as well as having recently threatened a staff member with a knife during an emotional outburst. The Youth Emergency Shelter believed he required specialized treatment and that, if this help was not provided, there was a definite possibility he would do harm to himself or others.

The Department again referred Richard to another psychologist for yet another assessment. This psychologist is reported to have stated that he did not believe Richard was a danger to himself, and he believed that much of Richard's difficulty would be eased were he able to settle

in a more permanent accommodation. At this time Richard again expressed a desire to live in the country. The record indicates that, while attempts were being made to find another placement, Richard continued to live at the Youth Emergency Shelter.

On October 24, 1983 Y.E.S.S. reluctantly stood behind their earlier threats to discharge Richard. They were seriously concerned about Richard but they were convinced they were not the appropriate resource. They felt that Richard was a likeable and bright child who would comply with routine. He responded well to praise and "really got off on it when anyone said he had done well." They felt that he could not set realistic goals for himself and it was "like he really didn't believe that there was a tomorrow for him. He couldn't handle failure. When it occurred, he would have to disappear."

DECEMBER 20, 1983 TO MARCH 20, 1984

Richard again moved to the home of his foster parents in the Cherhill area on December 2, 1983. He had written to them the previous month apologizing for the thefts from their home five months earlier, and asking if he could move back. The foster parents visited him in Edmonton on December 2, and after a long talk they took Richard home with them.

During this period Richard's life almost appeared to return to "normal." He was back with the foster parents he knew and his brother whom he loved. He did find himself in difficulty having been suspended from riding the school bus because of a disturbance he was alleged to

have precipitated. His school principal came to his support and this problem was rectified.

Near the end of February or early March Richard began to write a book about his life. Although it was his idea, his foster mother encouraged him (I later found out that Acadia House encourages their children to compile diaries if they desire. This is viewed as a therapeutic tool). This "book" was Richard's view of his life and he shared it with many people including his teachers and classmates. His foster mother did observe that writing this book did seem to depress Richard and retrospectively she questioned her own decision to encourage him.

Whether or not this "book" should have been a clue to what Richard was prepared to do to himself will remain speculation for many. However on March 20, 1984 Richard attempted suicide at school by taking an overdose of drugs. He was rushed to the Mayerthorpe Hospital where he was treated for this overdose. The attending physician expressed concern about Richard's difficulties and requested a psychological assessment. This assessment was done on March 21 by a psychologist from the Whitecourt office of the Mental Health Services. This psychologist interviewed Richard and his foster parents. He measured Richard's potential for suicide against the usual basic criteria, and concluded that Richard was not suicidal. He therefore recommended his discharge which was agreed to by the doctor on duty at the Mayerthorpe Hospital. The psychologist claims that he told both the foster parents and Richard that Richard should not return to school the following day. However, as the

record shows (whether this communication was clear or not), Richard did return to school, much to the surprise of his principal.

Richard made his second suicide attempt on March 22, 1984. This time Richard ingested drugs and alcohol at the home of his foster parents. He was again transported to the Mayerthorpe General Hospital, but on this occasion the attending physician referred him to the Misericordia Hospital in Edmonton.

The attending physician in the Emergency Department of the Misericordia told me that Richard arrived unconscious and smelling of alcohol. He was provided with no referral information and had no knowledge of Richard's previous suicide attempt two days before. According to this physician, the ambulance attendants had stated that Richard had almost died during his trip from Mayerthorpe to Edmonton.

The physician on duty overnight stated that Richard was not conscious and was unable to talk, and although he checked him three or four times during the night, he was relatively unresponsive.

The third physician working the day shift stated that Richard was still not awake at the beginning of his shift. However, later in the day he was able to speak without slurring his speech. He was able to walk without staggering. The physician stated that he asked Richard the question, "Are you trying to kill yourself?" Richard responded, "No." The physician concluded that Richard should be discharged.

The three attending physicians during Richard's stay in the Emergency Department had no access to information suggesting that Richard was at risk. Indeed, the referring physician from Mayerthorpe

acknowledges that he did not make a telephone call to the Misericordia Hospital. I cannot comment on whether or not this is an appropriate medical referral. I can only say that it explains why Richard was discharged rather than referred to the psychiatric unit as was the expectation of the social worker and the Mayerthorpe physician. Richard was discharged at 1405 hours on March 23. After some period of time he telephoned his brother to come and pick him up. His foster parents and his brother came to the city.

Realistically, the foster parents were unwilling to accept Richard back into their home. They explained that they feared that Richard was intent on taking his life. They were both employed outside of the home and could not supervise him during the day. The foster mother expressed to me that "I feel that Richard was very disappointed that he wasn't coming back home."

As the worker states on the progress report, "Quickly, arrangements were made to have Richard confined for his own protection. He was placed in the Grande Prairie Youth Assessment Centre and remained there to May 7, 1984."

MARCH 24, 1984 TO MAY 7, 1984

With the issuance of a Compulsory Care Certificate, Richard was confined to the Grande Prairie Youth Assessment Centre. Richard was to ultimately spend one month and thirteen days in this centre, ostensibly for assessment purposes. I say ostensibly because after visiting the centre and interviewing the staff, I left with the distinct impression

that this was a holding centre or detention centre rather than an assessment centre.

The Director stated that the assessment period was comprised of four major elements. The first was staff observation over a twenty-four hour period. Second, each child was given a good physical examination. Thirdly, all children in the centre were enrolled in the assessment centre school where a complete educational assessment could be given. Lastly, if a child shows "peculiar traits" then the Assessment Centre can call upon either the Mental Health psychologists or one or two local psychiatrists. He pointed out to me that indeed Richard had been assessed twice by psychologists from the Mental Health Department. However, it is important to note that both of these psychological assessments were done in order first to have the Compulsory Care Certificate issued, and secondly to have it renewed awaiting the appointment date with the psychiatrist.

Since the Director of the Assessment Centre had explained that psychiatric assessments were available in Grande Prairie, I was naturally curious as to why Richard was being sent to Edmonton. I was advised that one of the psychiatrists in the city had made it known that he did not wish to see children. I later found out in another interview with a senior manager within this region that this psychiatrist's reluctance to see children was specific to children referred from the Department of Social Services. Naturally, the remaining psychiatrist was thought to be too busy to accept referrals. A subsequent interview with two of the staff members of this Assessment Centre confirmed my belief that they

had very little opportunity to engage in much meaningful work with the children. They had little if any control over their intake, both in terms of the nature of the problem and the number of children. I had a clear sense that these workers were dedicated and sincere in their efforts to help these children, but they were lacking a clear sense of direction and purpose.

Of significance during the time Richard spent in the Youth Assessment Centre was the observation that it was his first experience being "locked up." Throughout his stay he remained extremely angry about this. While Richard's leadership skills surfaced in the Assessment Centre, he had a great deal of difficulty accepting the rules. It took him approximately three weeks before he "begrudgingly accepted these rules."

On April 22, 1984, the Compulsory Care Certificate was extended for a further sixteen days, pending a psychiatric evaluation. In order for this extension to be granted, Richard was again assessed by a psychologist who on this occasion noted Richard was exhibiting strong feelings of anger. He stated that while Richard was not actively suicidal at this point, he had not changed his functioning and was enjoying the effects that his suicide attempts made on his peers.

On April 30 Richard was seen by a psychiatrist in Edmonton. The psychiatrist advised the social worker that Richard should be returned to his foster home and his community school. The psychiatrist believed that Richard would get the best emotional support from his own community. In a personal interview with this psychiatrist, he made it very clear

that the philosophy of his approach was that a child should be treated in his own home, in his own community. His recommendation had been made in the context of setting up further appointments with Richard.

The supervising social worker was given this recommendation verbally by the psychiatrist. This was very frustrating for the social worker as it made it difficult for him to act on the recommendation without the apparent authority of the psychiatrist. The actual assessment was done on April 30, 1984 and the assessment letter, with accompanying recommendation, was not received in the Barrhead office until August 15, 1984 (i.e., three and one-half months later and after the death of Richard).

With the verbal recommendation the social worker then began to make arrangements for Richard to be returned to "his community."

MAY 7, 1984 TO JUNE 26, 1984

The worker inquired as to whether the foster parents in Cherhill would accept Richard back. The file indicates that "complications arose in the fact that another placement had been made in the...[Cherhill foster] home who in the past had not got along well with Richard and it was decided that this could possibly aggravate Richard's problems." My interview with this family, however, leads me to conclude that while they were very emotionally attached to Richard, they just could not provide the required supervision. In addition, they were realistic in their fear that he might well try to take his life again in the future.

On May 7, 1984 Richard was to meet his sixteenth and last foster parents. This placement was in the Sangudo area and it was anticipated that this would allow Richard to remain in the same school.

Richard was to be this foster parents' first foster child. They had raised their own children and felt that they had a relationship and a home to offer foster children. This couple state, however, that had they known Richard had attempted to suicide twice prior to his arrival in their home, they would not have taken him. Instead, they stated to me that they had been told that Richard had been in hospital and had been seen by a psychiatrist.

From their point of view, the supervising social worker brought Richard to the home and provided them with very little information about his background. They claim that the social worker spent little more than twenty minutes with them (the social worker states that it was probably thirty minutes) before he left Richard.

The next morning the foster father made arrangements for Richard to attend school. He found out that the principal, with just reason, had stated that Richard could not return to the school. The principal feared for Richard's safety in the school and, in the absence of any official documents to the contrary, he believed he could not justifiably allow Richard to return. The principal advises me that he made many telephone calls to the assessing psychiatrist in an effort to validate the recommendation that Richard return to his community. None of these telephone calls were apparently returned. This left Richard with no alternative but to remain at home. Subsequently, however, the

supervising social worker was able to produce a statement which allowed a reversal of the principal's decision and Richard re-entered school.

Approximately three days after the placement with the Sangudo foster parents, the file indicates that the foster mother contacted the social worker expressing her concern that Richard had nailed a board between two trees in the backyard. Her expressed concern was for his safety given that he had already, to her knowledge, made one suicide attempt. (There is disagreement between the foster mother and the social worker as to the further content of this conversation. The foster mother claims she mentioned that Richard had "dangled a rope over this board." The social worker claims that this was never stated.) Notwithstanding this debate, the social worker advised the foster mother that Richard and his brother were both concerned about body building and that this board was acting as a chinning bar for their exercises. The record indicates that he did ask the foster mother to keep an eye on it, and the foster mother does agree that Richard did use the board as a chinning bar, but her anxiety continued.

While this new foster family stated that Richard adapted well to their home, and quickly became involved with their family, reports began to be received from the school stating that Richard was not working and was skipping classes. On May 31 he set off what has been variously called a bomb or a homemade firecracker. This was set off in the school and, while no one was injured, it did present a threat to the other students. Richard was consequently asked to leave the school.

Interestingly, this event took place the day before his foster parents were to attend their son's graduation in Montreal. While arrangements had been made for Richard's care in their home, the social worker decided that it was in Richard's best interest if he were moved to another home during these foster parents' absence. Therefore, Richard was moved for a seven day period to a group home run by a husband and wife in the Barrhead area.

I was later to learn that there was some confusion surrounding the permanency of this move. (I will report on this in greater detail in a later part of this report.)

On June 8, 1984 Richard was returned to his foster home in the Sangudo area. As he was not allowed to return to school, the foster parents had expressed concern about what he was going to be doing during the day. Both foster parents were at work. On June 26, 1984 Richard's foster mother returned home from work and was unable to locate Richard. After searching the house and the immediate property, she was eventually to see Richard in the distance hanging from the board which he had affixed to the two trees in the backyard.

Although Richard's life had ended, the next few days were to evidence a great deal of activity on the part of the Department. One social worker within the district office, on what appears to be her own initiative, took charge of the funeral arrangements. Almost as some strange irony, Richard was about to be given the best social work service in all his years with the Department. Arrangements were made

for all his family members to come to his funeral. This included all his sisters and brothers, some of whom he really did not know. Provision was made for his natural mother to be present, as well as his foster parents. The irony is, what he could not have in life he had in death.

CHAPTER VI

REVIEW FINDINGS: DIRECT SERVICE

INTRODUCTION

Richard Cardinal was in the care of the Department of Social Services and Community Health for thirteen years and eight months. During this time he had been placed with sixteen different families and in six group homes. In the two years prior to his death Richard's pattern was to run away from his foster or group homes. On some of these occasions he attempted to set up alternative living arrangements thus accounting for the appearance of additional placements. During his time in care he had twenty-five assigned social workers. Over the years he had been seen by approximately seven psychologists for psychological assessments and by one psychiatrist two months prior to his death.

The case record indicates that Richard was a troubled boy most of his life. His enuresis caused him embarrassment and it was an ever present frustration to his foster parents. His behavioral problems continued from one foster home to the next, with few attempts on the part of his caregivers to help with these difficulties. Significantly, however, throughout his life Richard was recurrently referred to as being "a real nice kid," "liked by everyone," "bright and intelligent." Those with whom I met, and who knew him best, described him as a boy who could not accept affection from those around him. His most significant relationship appears to have been with his brother Charlie and with one foster parent couple with whom he spent his latter years. He had

little, if any, connections to his Native heritage and, although he expressed a desire to reconnect with his culture as well as his family, no recorded effort was made to help him accomplish this.

Perhaps, for many, this review of the case management of Richard Cardinal could essentially stop at this point, if the question was simply to ask, did the Department manage this case appropriately? From my point of view the answer is an unqualified "no." No child in the care of a government agency should be subjected to this number of moves and consequent torn human relationships. Such an answer, however, tells us little. It is more important that this review systematically examine Richard's life with the Department, with the objective that the deficits related to his care be identified in hopes of preventing others suffering a similar fate.

ORGANIZATION OF THE FINDINGS

The original intention of the terms of reference for this case management review was to focus on the latter years of Richard's life within the Department. I believe such an exclusive focus would be unsatisfactory. I have, therefore, chosen to concentrate my efforts on the total period within which Richard was in the care of the Department of Social Services and Community Health.

For the purposes of the presentation of my findings, Richard's life, under the supervision of the Department, has been divided into two phases: (1) Richard's temporary wardship; and (2) Richard's permanent wardship. This second category has been further subdivided into two

sections: March 1977 to the summer of 1982, and the summer of 1982 to June 1984. My observations of Richard's earlier life under the supervision of the Department are based almost exclusively on the records held by the Department. My observations of Richard's last eight years with the Department are based on file information which has been heavily supplemented by information gathered in personal interviews with people who had direct and indirect contact with Richard.

In an effort to present my observations and findings in an organized fashion, I have chosen to use headings which correspond to the terms of reference identified in Chapter I. In addition, at the end of the two major periods of Richard's life with the Department, I will comment on my perception of the degree to which the Department upheld its responsibilities as defined by the *Child Welfare Act*, as well as departmental policy.

RICHARD'S TEMPORARY WARDSHIP (DECEMBER 11, 1970 to MARCH 27, 1977).

General Observations

Richard Cardinal was apprehended on October 6, 1970 (one day prior to his fourth birthday). There appears to be little doubt from the file information that this was a child in need of protection. Richard's father had evidently not been living with the family at the time of Richard's apprehension; further, Richard's mother was noted to have been experiencing a drinking problem and at the time of the apprehension could not be located. On December 10, 1970 Richard's mother was

found guilty of neglecting her children (under Section 41 of the *Child Welfare Act*), and was sentenced to three months in the Fort Saskatchewan jail.

It is my opinion that this period of time in Richard's life was most significant. Generally speaking it was marked by recurrent disruptions in his relationships with adults (i.e., foster parents), as well as with his social workers. From the date of his apprehension through until the date he was made a permanent ward of the Department, Richard had fourteen different social workers. He also was placed with twelve different families (two of which were not Department placements). The range of stay in these homes was from one week through to a maximum of one year, two months. It is difficult to ascertain why it was necessary for Richard to have been moved so often during this period of his life. It can be acknowledged that the first two placements had to be terminated because of health reasons experienced by the foster mothers.

The subsequent moves appear to be more related to an attitude among the foster parents and the social workers that prevented both parties from trying to reinforce the need for stability and continuity in this child's life. There is a definite tone that it was easier to find a new foster home than to problem-solve the confronting difficulties.

It is therefore not surprising that the record very early began to indicate that Richard was manifesting emotional and behavioral problems. Within the first year, Richard was noted to be a discipline problem and before the end of a year and a half in care, Richard's enuresis appeared. This enuresis was to become an increasing frustration for his

foster parents and the focal point of the social workers' intervention for most of Richard's life.

This temporary wardship period can be best characterized by Richard being placed in a foster home, developing a positive relationship with the foster parents, and then being uprooted and placed in another foster home. Undoubtedly each of these moves was difficult and each took its toll on Richard. However, one move seems particularly significant; this was a move in the spring of 1976 from the foster home in which Richard was placed with his sister and brother. The file data indicate that Richard had formed a very close relationship with these foster parents but the foster parents felt they could no longer cope with his enuresis. In his "book" Richard describes his feelings at finding that he was going to have to be moved:

> "...my lower lip began to quiver and I knew I was going to cry and I was glad so I didn't even try to stop myself. I guess that . . . . heard me and must have come down to comfort me, when she put her arm around me I pulled away and ran up the road aways. I didn't want no ones to love me any more. I had been hurt too many times so I began to learn the art of blocking out all emotions, and I shut out the rest of the world out and the door would open to no one.

From all accounts Richard remained true to this personal commitment. As one foster mother, who knew him much later, stated to me, "You could hug and hold him as much as you wanted but he would never hug you back."

It is not at all difficult to understand Richard's feelings and his building resistance to entering into any close relationships. The file

data yield a very clear pattern. Almost as a prophecy when a social worker stated in his or her review of the child's progress that Richard was getting along well and was happy in the foster home; the next record would indicate that Richard had moved to yet another foster home.

Case Management Effectiveness

Under the terms of reference of this case management review, I was asked to examine the case management responsibilities and the degree to which they were effectively carried out. In addition I was asked to examine the interface between the Department and the external resources. I have chosen to present my observations under three subheadings: (1) child welfare service, (2) relationship between foster parents and the Department, and (3) relationship between external resources and the Department.

1. Child Welfare Service

Under this heading I have examined the quality of the file information and format; the quality of the casework practice; the quality of the casework supervision; and the extent to which the social worker understood Richard's needs and appropriately responded to these needs.

(a) Quality of the File

During the period of time that Richard was a temporary ward, I found the quality of the file information to be relatively poor. This should have been a period of high activity on the part of the workers involved. There should have been evidence of detailed assessment reports and good case planning for Richard's future. If these activities were occurring, they were not reflected by statements on the files.

In fact the file information is very sparse and in some instances the worker's progress notes tell us virtually nothing about Richard's situation and his progress. There is a lack of consistency in format. For example, some workers identify the number of contacts that they have with the child and the foster parents. Other workers simply state the period of time which the progress record is intended to cover. This makes it almost impossible to determine the frequency of contacts that any one social worker had with Richard.

In part, I suspect that poor file format also was to blame when Richard's wardship status accidently lapsed on December 10, 1973. While not much is stated about this on the file, it is obvious that the Department did not intend to allow the wardship to lapse. This, incidentally, necessitated them contacting the mother to obtain a Custody by Agreement arrangement.

While it would be impossible for me to comment on the validity of some of the file information, I did identify three

clear inaccuracies. One worker reported on three successive progress notes, covering a period of slightly less than one year, the incorrect name of Richard's sister. While Richard was covered by a Custody by Agreement the file continued to indicate he was a temporary ward. Also, after Richard's permanent wardship was granted, his status continued to be recorded as a temporary ward for a period of approximating one year.

Finally, I must note the frequent violation of the Department's policy that a "Review of Child's Progress" report be completed every three months. The range on the file is between the required three months up to eleven months. Interestingly, reports covering lengthy periods of the child's life rarely reflect anymore length and depth than reports filed within the three-month period.

In summary, while I believe the file data complied with Departmental expectations on format, the overall quality was poor in terms of the information provided and reporting consistency. This would undoubtedly make it very difficult for new workers assigned to Richard's case to apprise themselves of the relevant facts.

(b) Quality of Casework Practice

I had been asked to appraise the quality of casework practice with reference to the *Child Welfare Programs* manual,

and some might suggest this as being unfair as this manual was revised April 1, 1982. However, I am assured by people within the Department that this manual represents a collation of policies and procedures which previously existed, but not as a single document. As the *Child Welfare Act* is less than specific in terms of what it expects of caseworkers, it becomes even more important for the Department to be clear in terms of its own expectations. In this respect the *Child Welfare Programs* manual is very specific in terms of its policies and procedures for the maintenance of children while in the care of the Director of Child Welfare. Such items as maintenance rates, clothing allowances, medical and dental coverage and educational costs are clearly laid out.

With respect to these basic physical maintenance elements of casework practice, there is nothing on the file which would cause me to question the quality of the social worker's activities. Unfortunately, however, it does appear to me that the fourteen social workers involved during this period of time carried out their work on a very superficial level. For example, while it is not always possible to determine the frequency of contact between the child and the social worker, there is nothing to suggest they exceeded more than one per month which is the Department's expectation. According to the *Child Welfare Programs* manual under the heading of Temporary Wardship, page 107, the manual states: "The number of

contacts will be dictated by the circumstances of the case; however, there must be at least one each month which is recorded on the contact notes (SSCH 72). Every three months there must be one face-to-face contact with the child." It is my opinion that a child who is enuretic, presenting behavioral problems and being subjected to recurrent foster home placements is in need of much greater contact with the social worker. In this respect, I can only conclude the quality of casework practice was much below that which is to be expected under these circumstances as measured by the sole criterion of frequency of worker contact.

A period of temporary wardship is intended to be a period during which time the child's situation and the parents' situation is assessed with a view toward setting a program in motion for their eventually being reunited or at least to determine whether such a plan cannot be effected. Again, the *Child Welfare Act* is less than specific in terms of the expectations on the social worker. The *Child Welfare Programs* manual is fairly explicit on the purpose of temporary wardship. It states on page 101:

> The purpose of the temporary wardship program is to provide quality care and planning for the child in care of the Director. It is the intent of temporary wardship orders that the child be in the care of the Director for as short a duration as possible, therefore, casework objectives should be aimed at returning the child to the parents wherever possible.

> When a return to the parents is not possible, alternative permanent plans should be developed.

In my opinion the social workers involved with Richard during this temporary wardship period did very little that could be construed as planning for Richard's future. There are only two references made to Richard's mother, and there is no stated attempt to reunite the two. The case planning during this period is uncommitted and inconsistent. At best, some of the workers involved made a valiant effort at attempting to secure help for Richard's enuresis. He was referred to several doctors and medication was provided. The problem would continue for months and a new social worker would be assigned. One such newly assigned social worker recognized that the problem was in need of attention. This social worker referred to a psychologist for assessment. The psychologist reported that it was simply a behavior designed to test the foster parents. This assessment statement caused the worker to present this opinion to the foster parents and both worker and foster parents seemed to believe that having recognized that this was a testing behavior it would therefore go away. Again, no concrete plan was devised by this worker to help the parents and Richard control this enuretic behavior. (It should be acknowledged that the psychologist's report was of no value in this regard either). The bed-wetting was allowed to continue for almost another two years before another new

worker purchased a "Mozes Detector" in yet another effort to bring Richard's enuresis under control. The point here is that while some workers did attempt to help Richard with this problem, there was no concerted systematic casework plan developed and implemented. Further, and in my opinion most importantly, his other behavioral, emotional and educational problems were allowed to be subordinated to the enuresis. They were virtually left unattended, yet each progress report showed continued progression of these problems.

The degree to which the workers seemed to be confused regarding a plan for Richard's future is evidenced by the length of time Richard remained as a temporary ward. For example, on a progress note of July 31, 1973, a worker comments that the Department is proceeding toward permanent wardship for Richard. No further mention of this clearly stated goal is made again until July 28, 1976 (three years later). Once again a worker noted that this is the intended plan. This goal was not achieved until March of 1977. During this period of time the temporary wardship status was inadvertently allowed to lapse, once again indicating that the social workers were not "on top" of Richard's case.

A final note in terms of quality of service. It must be stated that no attempt was made to help Richard remain connected to his Metis heritage. This is not surprising given that the recognition of minority rights and cultural relevance

were just beginning to impact child welfare services during this period. This was an issue for Richard and it is noted on two progress reports during his temporary wardship. The emphasis was apparently to "help" Richard "accept" his Native status.

In summary, the nature of the casework practice during this period of Richard's life was within the realm of basic departmental expectations. Richard was supervised and monitored in his various foster home placements. His physical and health needs were taken care of, but there was very little planning for his future. He was allowed to drift from foster home to foster home, and there is little evidence that the workers were in fact putting energy into supporting the foster parents during times of difficulty. In fact, it appears that when the foster parents expressed frustration in their attempts to cope with Richard's behavior, the caseworker's approach was to move Richard to another foster home.

Using the criteria of frequency of contact, assessment, planning, goal setting, and action, I must conclude that the overall quality of casework practice delivered to Richard during his temporary wardship period was significantly below the quality expected by the profession of social work, and below the expectations of the Department as reflected in the Child Welfare Programs manual.

(c) Quality of Casework Supervision

The organizational structure of the Department of Social Services and Community Health makes provision for social work supervisors to be available in each office. It is difficult for me to comment on the quality of casework supervision given the social workers during this period of time. The fact that nowhere in the file data does anyone make reference to the input of a supervisor does suggest that if supervisory input was given, it was not significant enough to merit being recorded on the file.

Further, I would infer that given the relatively low quality of the casework practice reflected in the file data, the workers appeared to be left to their own devices in dealing with the more complex facets of Richard's case. At best, supervision may have been focused on departmental policies and procedures related to physical maintenance.

(d) The Extent to Which the Social Workers Understood and Appropriately Responded to Richard's Needs

Much of what has been stated in respect to the quality of casework practice could be restated here. With possibly two exceptions, the fourteen social workers involved with Richard during this period of his life did not understand his needs, nor the importance of a stable foster placement. It is my impression that the workers tended to see their role as

monitoring Richard and his foster parents. Problems of discipline, aggressivity, under-achievement in school, and his bed-wetting were all mentioned in the continued set of his progress reports. However, these workers tended to quickly mention these difficulties and hasten to point out that Richard was happy and doing well in his foster home. Each worker seemed to end their progress note with a sense of hope that the particular foster home currently occupied by Richard would be a permanent placement.

Generally, over this period of almost six and one-half years, I have every reason to think that while the social workers may have recognized this case was not being handled appropriately, the limitations of their understanding prevented them from acting differently.

On a specific note, I am also concerned that there are two clear references on the file to two different foster families either "harshly treating" or "beating" Richard. If I put these remarks together with comments Richard made in his book, there is some evidence that Richard was physically abused. On one occasion, Richard and his siblings were moved from a foster family and the record is extremely ambiguous as to why this decision was made. Unfortunately, I was unable to secure further information which would substantiate whether Richard and his siblings were abused in this foster family. A second reference (in May of 1977) is made to Richard having been

beaten by his foster parents. On this occasion the worker states that Richard was asked if he had been beaten by his foster parents. Richard responded that he had not. This is not surprising because had he risked anything but a negative answer, there would have been a high probability that he would have been moved from this foster home.

These two episodes and the manner in which they were handled indicates quite clearly to me that these social workers lacked the knowledge to carry out a complete and thorough investigation of these allegations. To expect a child who had been moved as often as Richard to do anything but retract his statement when confronted by the social worker suggests a lack of understanding of children coupled with an absence of sound practice skill.

I have reflected on this particular aspect of the social workers' involvement as one example of a number which I could offer in support of my conclusion that the workers involved with Richard during this period of time did not understand Richard's needs nor did they have the knowledge to respond appropriately to his problems. This could be accounted for by a number of factors such as lack of training, inadequate supervision, large caseloads, and the absence of standards of quality for casework practice.

(2) Relationship Between Foster Parents and the Department

The *Child Welfare Act* makes provision for children to be cared for in private homes approved by the Director of Child Welfare. These homes are referred to as foster homes. The Act further makes provision for the Director to evaluate, approve, supervise and inspect such homes. Beyond that, it is less specific as to the reciprocal responsibilities between the Department and the foster parents who take on the role of caring for temporary and permanent wards of the Department.

The *Child Welfare Programs* manual details more completely the responsibilities of the Department social workers and the foster parents (see Chapter V - Foster Care Program). Of particular significance, the manual makes it very clear that:

> A social worker is to work in a cooperative partnership with the foster parents with a goal of meeting the total needs of foster children in the best possible way.
>
> Foster parents are not clients but must be considered "part of the team." They are working with the department, not for it (page 135).

Again, based on the file material, the relationship between the foster parents and the various social workers during this temporary wardship period does not appear to be a collaborative relationship. In fact, there appears to be an attitude on the part of the social workers that the foster parents bear the chief responsibility for the custody and care of the child. There is very little evidence that the social workers considered the foster parents as "part of the

team." The frequent breakdown of these foster home placements would suggest that the relationship between the foster parents and the Department was very weak. This is likely attributable to a lack of support from the social workers, combined with a tenuous commitment from the foster parents and a lack of expectations on the social workers by the foster parents. It is not surprising to find that none of the foster parents who cared for Richard during this period of time have remained as foster parents.

The fact that foster parents can so easily terminate their relationship with a child, particularly one who has experienced as many moves as Richard, bears closer scrutiny. It is likely that these foster parents were not aware of the degree of commitment that would be required to parent a child with the difficulties presented by Richard; yet, my own experience with children as a professional social worker allows me to state that during this period of time Richard's behavior was relatively less troublesome than other children I have known. These professional experiences of my own, combined with my observations of the file data, lead me to conclude that the foster parents did not have a clear understanding of the commitment required of them in this role. I must also point out that there is very little evidence that the social workers involved lent any substantial support to the foster parents. There is little doubt in my mind that during this period of time the attitude of both foster parents and workers was that if a problem appeared to be causing stress between the child and the foster parents, the

most viable option in case management was to move the child. The concern expressed by some foster parents and some workers regarding the uprooting of Richard from one foster home to another was not enough to motivate both parties to seek an alternative which would have allowed Richard to stay with the family. I consider this a major breakdown in the child welfare service delivery, and a most significant causal factor in Richard's later difficulties with interpersonal relationships.

3. Relationship Between External Resources and the Department

The *Child Welfare Act* makes provision for the Director of Child Welfare to utilize community resources and, where necessary, purchase services external to the Department's resources. Examples of such external resources are: school, physicians, dentists, psychologists, psychiatrists, group homes, and treatment centres.

During Richard's period of temporary wardship there was limited utilization of external resources. There is mention on each of the progress reports of Richard's performance in school. While periodically the school teachers would identify under-achievement as a problem, there is no indication that the social workers saw this as needing their attention. There seemed to be an implicit assumption that it was acceptable that Richard was under-achieving in the classroom. This is particularly difficult to understand given that many of the teachers' recorded observations suggest that Richard was functioning much below his potential.

Of further significance during this period of time were the numerous referrals to physicians in an effort to secure help for Richard's enuresis. These referrals appeared not to be helpful to the social workers, as little direction was given to them as to how they could help Richard.

A referral to one psychologist added really nothing more to the probability of Richard being helped with this problem of bed-wetting. Interestingly these community resources, as limited as they were, identified Richard as being "a nervous boy," "hyper," "aggressive," and "under-achieving in school." The focus of their concern, however, remained his enuresis. There is no indication that the three principal professions of medicine, psychology and and social work ever case-conferenced Richard's difficulties. The consequence was that Richard continued his bet-wetting and slowly and steadily increased his other problematic behaviors.

Consistent with the other aspects of poor quality case management already identified during this period of Richard's care, the utilization of external resources were below the usual professional social work expectations given a child with these problems. Certainly the *Child Welfare Programs* manual details a more comprehensive role for both the social worker and the community resource.

Concluding Comment

The case management of Richard Cardinal during the period of time he was a temporary ward was basic and only minimally acceptable. That

is, he was provided with a roof over his head, food, clothing, and the basic amenities as prescribed by the policies of the Department. His primary care was provided by a series of foster parents and an even larger number of social workers. There was a clear expectation that Richard should invest emotionally in relationships with these adults - after all, they were to be his new parents. The fact that he was a long distance from his natural parents in an unfamiliar culture, with a skin colour much darker than his "new parents," was never seen as an important factor in his care.

Care from the Department's point of view was essentially a monitoring function to ensure that the basics were being provided by the foster parents. When difficulties arose with the foster parents and/or Richard, the case management plan was simply to move Richard. Irreparable damage was done to Richard as each and every one of these moves resulted in great personal hurt. Each foster parent and each social worker expected Richard to invest his affection in each new foster home. In almost every foster home Richard was assured that this would be a permanent placement. Just when things appeared to be going well, "the rug would be pulled out from under him," and he would be moved to yet another placement. With this hurt, and the accompanying feelings of frustration and anger, it is little wonder that Richard was later to tell us that he had learned the art of blocking out all emotions.

The terms of reference of this case management review ask, "Were the case management responsibilities vis-a-vis Richard Cardinal effectively carried out?" It is my conclusion that during Richard's period of

temporary wardship these responsibilities were only minimally carried out. In terms of the purpose of temporary wardship and the need for good casework assessment, planning, goal setting and action, the case management was of a very low quality.

RICHARD'S PERMANENT WARDSHIP (MARCH 28, 1977 TO JUNE 26, 1984)

General Observations

Richard was ten years and four months of age when he was made a permanent ward of the Department of Social Services and Community Health. By this time he had been in care for slightly less than six and one-half years, and he had just completed the first year of a foster placement which was to last slightly over four years (his longest continuous familial relationship).

Although Richard's official status had changed and he was now in the permanent care of the Director of Child Welfare, the Department's pattern of service did not improve. This period did show an increased activity level on Richard's part. The caseworkers continued to use familiar descriptive words such as "happy," "inventive," "positive personality," and an "integral" member of the family. Now Richard was escalating his problematic behaviors. For example, in June of 1978 he appeared in court on a charge of auto theft. His bed-wetting continued and according to information given me by his foster parents, Richard would intentionally urinate on his bedroom floor.

As I have noted in Richard's chronology, the termination of this foster placement was extremely hard on Richard and he did his best to deny this decision. This move occurred as Richard approached fourteen years of age.

From this point onward Richard's life was to be characterized by a number of runaways, several psychological assessments, placement in a reception centre, four different group home settings, and two more foster homes. During this seven-year period eleven social workers were assigned to Richard. Even with the involvement of all these helpers, Richard's hurt and anger continued to mount. Aggressivity and mood swings from happiness to depression and withdrawal were now being reported.

Case Management Effectiveness

I will present the findings of the case management effectiveness during Richard's permanent wardship period under the same headings as for his temporary wardship period. During this period, however, the Department did make some attempts to organize and clarify its policies to a greater extent than during Richard's earlier period of care. For example, the *Child Welfare Programs* manual was updated in April 1982. The Social Services: Quality Review process was implemented in 1979 with a document which did detail some departmental expectations on client service in Child Welfare.

1. Child Welfare Service

(a) Quality of the File

The *Child Welfare Programs* manual states that it is "the Department's expectation that case contact with the child and/or those involved with him shall be made at least once every month. A face-to-face contact with the child must occur at least once every three months. This is an absolute minimum standard." At a later point in the same manual it states that "the Review of Child's Progress record must be completed at least every three months." I have cited these two statements because for much of the period of time during Richard's permanent wardship, the workers violated these expectations. During this seven-year period there were only two occasions when a child's progress report was actually compiled within the prescribed three-month period. (One of these was precipitated by Richard's death and was the closing summary.) During this period of time there were gaps exceeding one year between the compilation of progress reviews. While Richard spent most of these years under the supervision of the Barrhead office, I should point out that this violation also occurred in the filing of the child's progress records while he was under the supervision of the Centennial Mall Office, Edmonton Region.

The lack of consistency relative to identifying the number of contacts with Richard and his collaterals continued during this period as well. Some workers were very conscientious in detailing their record of contacts, while others continued to simply identify the "period covered" in the preparation of the Review of Child's Progress. This, of course, makes it almost impossible to determine how often Richard and/or others were contacted by the worker during a particular period of time.

In terms of the content of the progress records, nothing changed during this period. The workers continued to report their observations and contacts in much the same fashion as before. Case planning and statements of goals remained absent from the progress records except of one dated November 1983 and one dated June 1984.

On January 1, 1984 the Northwest Region implemented what was referred to as "consistent, minimum standards in child welfare case management." It identified eleven section headings that all files must include. I saw no evidence that this new policy was in any way reflected in Richard Cardinal's file, albeit it was implemented only six months before his death.

The *Child Welfare Programs* manual states, "Good recording is an accurate account of what is happening in a case that has been identified, evaluated, summarized and written in such an organized way as to facilitate its communication from one

worker or office to another, and from one point in time to another." My interviews with various social workers convinced me that they see recording as a most undesirable task and one that inhibits their getting on with the real objective of social work. More disconcerting was the remark made by one worker that he/she did not read Richard's file when it was transferred to this worker's caseload. I was later told that this was not unusual. When pushed for an explanation I was told that one doesn't have time to read the file. This may account for the lack of adherence to departmental expectations and the general low quality of the file information. If you believe that no one is really going to pay any attention to what you write, and it is already considered to be an aversive activity, there is little reason to expect a quality file.

I did wonder who among the departmental staff read these progress reports. There is an expectation that these records will be used by the worker and the supervisor in setting long- and short-term case plans for the child. Further, I was advised that the child welfare consultant for the region also monitored these reports. From the workers' point of view, these reports do not serve as a base to stimulate structured interaction between the supervisor and the worker. In addition, in a personal interview with the regional consultant, I found that he was in a position to only randomly select progress reports for his review. It would therefore appear that

the workers are generally accurate in their observation that these progress reports are not read.

In summary, I am left to conclude, as I did for Richard's earlier period of care, that the overall quality of the file remained poor. This conclusion was based on my perspective of the information provided by the workers, their lack of consistency in the means of presenting the information, and most importantly the violation of the Department's expectations on the frequency with which these reports are to be completed.

(b) Quality of Casework Practice

After a thorough study of Richard's experience with the Department, as well as an examination of the files of other permanent wards within the Barrhead district, I was tempted to refer to this section as Permanent Wards: The Forgotten Children. This cryptic heading might well have summarized my observations more simply than the comments which follow. According to the *Child Welfare Programs* manual on page 111, the purpose of the permanent wardship program is "to ensure quality care and long-term continuity of planning is provided for children whose parents are incapable of, or have no desire to provide guardianship."

I have already documented under the section "Quality of the File" the significant reduction in the frequency of reporting the Review of Child's Progress. I am not able to

conclusively state that the social workers reduced their frequency of contact during this period of time, but I am prepared to question that this indeed occurred, at least up to the point of Richard's suicide attempts.

I did encounter some indication that workers felt less inclined to see permanent wards as priority clientele. In two separate conversations I was informed by workers that it was "well known that permanent wards were at least second or third priority on one's caseload." There was a definite feeling that permanent wards could be allowed to "drift" with few negative consequences for the workers. I would wonder if the the reason for this informal ranking is simply that there are fewer external legal and departmental regulations governing casework with permanent wards. Thus, if a worker is faced with a heavy workload and is having to meet court deadlines for a temporary ward or to service a protection case, it is most likely that they would opt for one or both of these cases over a visit to a permanent ward. The expectations on the worker to service protection cases and temporary wards are relatively clearer than the expectations in provision of services to a permanent ward.

It is my opinion that these workers' attitudes are further reinforced by the complete lack of any comprehensive statement of standards of care for permanent wards beyond that which is outlined under the "Child Welfare 14, Services to Children in

Care" in the *Child Welfare Programs* manual. As the heading suggests, this section speaks to the departmental services available to all children in care. Its emphasis is on what I would refer to as the physical maintenance of the child.

Not that the section dealing with temporary wardship is an exemplar of procedures and standards for quality casework practice, but it does give some insight to the Department's greater consideration for the services rendered to temporary wards. Pages 104 through to the middle of page 107 highlight the responsibilities of the worker in providing service to the temporary ward. On page 108 of the manual there is a complete section identifying the responsibilities of the worker in case planning for a temporary ward. Comparable sections in the manual do not exist concerning the service and care to permanent wards.

This is all to suggest that I do not lay the total blame for this attitude toward permanent wards on the shoulders of the social workers. Indeed, leadership must come from those persons responsible for policy formulation and service delivery. Until such time as the standards for service to permanent wards are more clearly explicated, it is probable that direct service workers will have to continue to set their own standards.

The above general statements regarding workers' attitudes and perceptions concerning permanent wards does not obviate

the need to appraise the quality of casework practice provided to Richard Cardinal.

In order to examine the quality of casework practice during Richard's period of permanent wardship, I have divided this period into two phases. The first phase is that period beginning with his permanent wardship through until the summer of 1982. My analysis suggests that this second period, from the summer of 1982 to the time of his death, was Richard's most troubled time and, therefore, bears close scrutiny.

March 1977 to the Summer of 1982

As I have mentioned previously, the nature of the casework service given Richard during the period of his early permanent wardship was basically the same as that provided to him during his temporary wardship. The only major difference was that the frequency of reporting on his progress was dramatically reduced, and I have also speculated that the frequency of contact with him was likewise reduced. In order to evidence these points, it is necessary for me to place Richard in a context. The chronology reported that Richard was made a permanent ward one year after being placed in his twelfth foster home. Also, it is important to remember that both the foster parents and the worker acknowledged that Richard was very hurt and bitter as a result of this move.

There is little to indicate that much effort was expended by the social worker to help Richard through this difficult time. In fact, the worker states that there were five contacts made between the time Richard was placed in this home (March 1976) and July 1976 when he/she entered the first Review of Child's Progress note. This particular progress record was less than one page and did not give any insight into the worker's activity with Richard.

Almost as official recognition that the Department had forgotten Richard, there were only two child progress records submitted over the next two years. There is absolutely no indication as to the frequency of contact between the Department, Richard and his foster parents. My interview with this foster couple would indicate, however, that the frequency of contact was very low.

It is important to note that the file information does not indicate that this low quality of casework could be rationalized by Richard stabilizing himself in this new environment. Quite the contrary, during this two-year period Richard's enuresis continued, his school performance remained below average, he received the strap at school, and was now causing trouble on the school bus. There is some evidence on the April 1978 progress report that Richard was continuing to struggle with his Native heritage as he was joking with his playmates as well as talking to adults about this. Finally, it was during this

period of time that Richard had reported to another set of foster parents that he had been beaten at this current home. As I have pointed out elsewhere in this report, the investigation of this allegation was very poorly done.

This pattern of casework activity and reporting carried on for the next year and one-half, even though during this period Richard had been found guilty for auto theft (at age eleven years). In addition, he had been caught stealing in the local stores and his school performance had "slipped significantly."

Over this total period of time the casework service continued to be characterized by infrequent contact, simple reporting of Richard's physical health and progress or lack of progress. There was no indication that the social workers were concerned about his gradual deterioration of behavior, and there was no evidence of any planned social work intervention.

Richard was again moved in June of 1980 after four years and three months in his previous foster home. As the chronology indicated, Richard was extremely angry and hurt by this move to the point where he attempted to deny that it was a permanent move. Although I find it incredible to have to report, once again there is no evidence that the workers attempted to help Richard with these feelings of hurt, rejection, and anger. It is once again difficult to know how

often the workers made contact with Richard and these new foster parents, but the record is very clear that the next Review of Child's Progress was not filed for one year and three months. This record reads much as the others do except that it notes Richard's involvement in a glue sniffing incident which did not appear to be considered very serious, and it was left to the foster parents to deal with it.

Richard was now fifteen years of age and in my opinion the Department had him basically on a "holding pattern" entrusting almost total responsibility in the hands of the foster parents. There is no evidence that the social workers provided much support to the foster parents, and there is every indication that they had forgotten Richard. By the spring of 1982 a new worker assigned to the case noted that Richard was wearing several pairs of shorts to act as a diaper and removing his wet sheets from his bed and hiding them. The worker did act by making a referral to the Child Development Centre in Edmonton. This was the first concrete casework intervention provided to Richard in over five years. Although workers in the past had attempted to secure help for this problem, the file would lead me to conclude that they had given up on this problem.

The Summer of 1982 to June 1984

Richard was now approaching the age of sixteen years. He was now in his thirteenth foster home and he had now completed "counselling" with two different psychologists regarding his enuresis. The enuretic problem remained with Richard but his struggle for independence appeared now to be his major problem.

As the chronology indicates, the summer of 1982 marked the beginning of Richard's most unsettled period. His foster parents reported to me that he was much more agitated and upset during this summer than they had previously known him to be. The foster mother attributes this changed behavior and affect to the counselling sessions with the psychologist. She claims that Richard was very upset by these sessions and they seemed to be tapping into areas of his life which he had tried to forget. Whether or not this is accurate I do not know.

The file does not evidence that the social workers and psychologists conferenced Richard's progress and, indeed, if these sessions were upsetting him, there is nothing on the record to indicate that the social workers knew this. One brief letter dated May 11, 1982 was located on the file, but it is relatively non-specific as to the content of these counselling sessions.

The remaining part of the summer and early fall Richard ran away on two occasions, and as well he had moved himself

from his foster home into a reception home in Barrhead. The file recording during this period of time lacks detail; however, the assigned social worker has listed a record of contacts which would indicate a fair amount of activity on the part of the caseworker. A letter on file from the Child Development Centre indicates that Richard was seen again for an assessment at the request of one of the other social workers in the Barrhead office. I inquired as to why this social worker had been the referral source. I was told that this social worker had Richard on his/her caseload for July and August of 1982. Interestingly, there was no mention of this on Richard's file.

This referral was made for Richard and two other boys that were at his foster home. Curiously, the other two boys were not seen and the assessment focused solely on Richard. In fact, this psychologist set another appointment for an educational assessment for Richard. According to the psychologist's letter to the social worker, the assessment in part had focused on identifying options for Richard other than remaining in the foster home. One of the options identified at this time was placement in a group home: an option identified by the psychologist as "a viable choice." The file does not give any indication of the degree of collaboration between the assessing psychologist and the social workers (i.e., the referring social worker and the assigned social worker). However, a letter dated September 21, 1982 refers to a telephone

conversation on September 16, 1982. The content of the telephone conversation is not reported but the inference is that the discussion centered on recommending a referral to Acadia House Group Home in Edmonton. The letter does make this recommendation but it does not clarify the basis for it, other than to suggest that Richard had expressed an interest in moving to the city and in the opinion of the assessing psychologist, "he might well benefit from this particular placement." Whether or not this recommendation took into account the aforementioned educational assessment is not known. Certainly the telephone conversation took place before Richard had been seen for this educational assessment.

Notwithstanding this question, good casework practice would require that the three or four parties involved in this referral and assessment would conference this recommendation in light of all of the information available. For example, the educational assessment states that, "Richard has the potential to achieve at his present grade placement level but he lacks the mastery of a variety of basic academic skills." The social worker, who bears prime responsibility for this child, should be expected to ask the question whether a referral to a group home in a major city with a high school considerably larger than this child had previously experienced is an appropriate referral. Interestingly, the very day that the educational assessment was done Richard ran away and was found days

later in Fort McMurray. He was charged with shoplifting and eventually received six months' probation.

Richard began his five-month stay at Acadia House in Edmonton on November 19, 1982. The next piece of poor quality casework is evidenced by the fact that the transfer summary accompanying the transfer of Richard's file to the Centennial Mall, Permanent Ward Department, Edmonton Region was not completed until February 4, 1983, almost three months later. The assigned Edmonton worker did not complete a Review of Child's Progress until May 1983. In this report the worker inaccurately states that Richard had begun his residency at Acadia House "at the end of December 1982."

It is my opinion that this referral was very inadequately handled. There is no indication that the referring social worker from the Barrhead office had any contact with Acadia House and the assigned Edmonton social worker states that his/her first contact "with Acadia House was by telephone conversation February 14, 1983," three months after Richard had been admitted to Acadia House. (Although the Barrhead social worker did not note this, the Acadia House records indicate that the Barrhead worker was present at a conference on January 18, 1983.)

As reported in the chronology, Richard's stay at Acadia House was very unsettled. He recurrently repeated that he hated school, and while he did have some good times at Acadia

House, he was absent a number of times from the program. The Edmonton worker's progress note indicated that he/she had only one visit (February 18, 1983) with Richard and a staff member of Acadia House. According to this record the only other contact between the worker and Acadia House staff took place on the day that Richard left the program. In my opinion this does not represent appropriate service to a child in a group home setting.

Richard returned for approximately one month to the foster home in the Cherhill area. During this period of time the worker attempted to secure a placement in the Edmonton area, without success. This worker then records the observation that "Because Rick has been brought up in the country most of his life and because his wish to seek out his Native culture, I feel that he would be best suited for a country placement and the file is being transferred to the Barrhead District Office." This same worker, almost with a sense of dismay, reported that Richard had returned to Edmonton and was adamant about living in Edmonton. He was now living at the Youth Emergency Shelter in Edmonton.

The quality of casework service provided to Richard during this period of time has been very difficult for me to ascertain. From the point of view of the Executive Director and two of the staff members at the Y.E.S.S., there was little if any support from the Department. They state that

communication with the worker was very difficult. They had requested case conferences with the worker. These did not take place. Frequent telephone messages were left at the office for the worker. It is alleged that these telephone calls were not returned. The staff of Y.E.S.S. state that they recurrently requested that Rick be placed elsewhere as their facility was not an appropriate referral. Again, they feel that no action was taken on these requests. The frustration of the staff continued to mount. During this time Rick had been involved in a number of incidents in and around the Y.E.S.S. facility. These involved a break-and-enter episode, self-inflicted wounds to his wrists, the threatening of a staff member with a knife, as well as self-threatening gestures. Also, during this period Richard ran away from Y.E.S.S., stole a truck and other items from his foster parents and drove to British Columbia.

The Y.E.S.S. staff reached a point of extreme frustration and requested an appointment with the social worker's supervisor. They believe strongly that they were not getting the support from the Social Services Department that they were entitled to. In support of their statements of concern, a detailed letter dated September 14, 1983 was prepared for the Social Services Department. In my opinion this is a very significant letter as it was the first time any professionals had so clearly identified the intensity of Richard's anger and

his propensity to turn this inward. The letter clearly states, "It is Y.E.S.S.'s opinion that if Rick were to remain here at Y.E.S.S. or to receive no therapy that there is definite indication of possible danger to others as well as to himself." It is important to realize that this assessment was made on almost three months direct observation.

The Department's response to the cumulated observations of the Y.E.S.S. staff was to have Richard referred to another psychologist for an assessment. The worker is not specific in describing this assessment; however, it is stated, "Rick had seen...[the psychologist] on a couple of occasions and we have had joint interviews." There is no mention of the actual number of interviews or the period of time over which these interviews took place. I think it is important to further quote from the worker's record as it does hint at the difficulty that was building between the worker and the staff at Y.E.S.S.

> Youth Emergency Shelter staff are expressing concern that Rick was potentially dangerous to himself and were placing pressure on me to do a compulsory care order on him. In order to look at this possibility, Rick and I went to see...[a psychologist] and to discuss his mental health presently and future plans....[the psychologist] did not see that Rick was at all a risk to himself and possibly by finding him a permanent accommodation, he would certainly be able to deal better with the stresses in his life at the time.

Communication between the worker and the staff at Y.E.S.S. did not improve. There were no contacts between

Y.E.S.S. and the Department and from the point of view of Y.E.S.S., the Department was refusing to plan for this child. They therefore set October 24, 1983 as the date at which they would no longer accept Rick at their facility.

In an interview with the assigned Edmonton worker, I was advised that the worker had numerous contacts with Rick in the worker's office. Many of these contacts, of course, would have been unknown to the Y.E.S.S. staff. I was troubled, however, by the fact that when I asked the worker to compile a list of the frequency of these contacts, I was advised that this could not be done. I explained to the worker that since the progress review was not specific in terms of the number of worker contacts with either Richard or the staff at Y.E.S.S., it would be helpful if these dates could be obtained from the worker's calendar. The worker advised me that this was not possible. I therefore must base my observations on the file recording and conclude that the Department's support of both Richard and the staff at the Youth Emergency Shelter Society in Edmonton was inadequate. That is, below accepted case-work expectations both as identified by the *Child Welfare Programs* manual, as well as accepted social work practice as I know it.

After Richard's discharge from the Youth Emergency Shelter, Richard spent the next two and one-half months in the city of Edmonton. There is some discrepancy as to exactly

where he spent this time; however, he eventually returned to the foster family in Cherhill on December 2, 1983. A note on the Barrhead District Office files dated December 7, 1983 states that the Edmonton social worker "will be transferring Richard's file. This transfer back was quite unexpected - no preplanning occurred." From this point to March 1, 1984 the file contains no review of the child's progress. A review of the contact notes during this period indicates that the case was reassigned to the social worker who was responsible for Richard prior to his original move to Edmonton.

On March 1, 1984 the case was transferred to another social worker within the Barrhead District Office. During an interview with this social worker, I found that this worker had been unhappy with this shift in a caseload. This worker had more recently been responsible for a caseload of foster home finding and adoptions. The worker advised me that it was not unusual for caseloads to be shifted. The worker was unhappy with this new assignment and during my interview the worker commented that "I knew this case was going to be trouble from the very beginning." Asked to elaborate, the worker stated that "Richard was known to most of the staff within the office as a kid who was hard to work with."

Richard returned to school on February 6, 1984. During this time he seemed to be settling in fairly well save for one episode of trouble on the school bus on March 5, 1984.

On March 20, 1984 Richard ingested an unknown quantity of drugs while at school. After observing his condition the school officials rushed him to the Mayerthorpe Hospital. The worker attended the Mayerthorpe Hospital and was advised by the attending physician that Richard would probably be moved to the Misericordia Hospital the next day as he wanted Richard to get some psychiatric help. In fact, this referral did not take place; rather, the doctor asked a psychologist from the Mental Health Service to assess Richard. Because the Mayerthorpe Hospital is in the Whitecourt District Office area, the psychologist was from that area rather than from the Barrhead District Office.

The psychologist from the Whitecourt area met with Richard and his foster parents on the evening of March 21. From an interview with the psychologist, I found that the psychologist viewed Richard to be definitely depressed. The psychologist stated that Richard was "clinically depressed." The psychologist further stated that Richard had stated he was depressed for the past three months. This statement evidently "shocked" the foster parents who had not been aware of this depression. According to the psychologist Richard had a great deal of difficulty with his peer group when he started school. Richard felt that he was in a double bind because the only way he could cope with this was to fight back but he knew if he fought back that he ran the risk of being expelled

from school. This psychologist also found that Richard brought up his feelings regarding the previous psychological counselling he had received. Based on the comments Richard made, this psychologist believed that "whoever worked with him had touched on some very traumatic issues and there was inadequate closure on these."

As this psychologist had recommended Richard's discharge from the Mayerthorpe Hospital, I inquired as to the criteria that were employed in this decision. I was informed that three criteria were employed: (1) whether there had been a previous suicide attempt; (2) whether there was "a game plan" or intent to go ahead with another suicide attempt; and (3) the available resources and/or support to Richard. In addition, this psychologist stated that a contract is entered into with the child. This contract is a verbal agreement that they will spend more time working on life than on death. "Richard was the first one who violated that contract." The psychologist advised me that if any individual refuses to enter into this agreement then it is interpreted as a no answer. Since Richard agreed to enter into this "contract" and because he had the support of his foster parents, the decision was to recommend discharge.

This psychologist laid down three conditions for the discharge: (1) that Richard would see the Barrhead

psychologist on Friday, March 23, 1984; (2) that he would agree not to harm himself; and (3) that he would not return to school.

Richard was discharged from the hospital on the evening of March 21. He returned to school the morning of March 22. The supervising worker received a call from the high school principal querying why Richard had been returned to school. The worker reported that he was quite surprised as he had thought Richard would be referred to the Misericordia.

On the evening of March 22 Richard attempted suicide for the second time. After being seen at the Mayerthorpe Hospital the attending physician had Richard transferred to the Misericordia Hospital. Again, he was treated and discharged at approximately two o'clock in the afternoon on March 23. Richard's brother contacted the social worker advising of this discharge.

The social worker in turn attempted to secure information from the Misericordia Hospital as to why this discharge had occurred. He/she found that no mention had been given to the hospital of the need for psychiatric referral. The worker then attempted to make contact with the referring physician from Mayerthorpe and found that he was gone for the weekend. The worker then talked to another doctor who advised the worker that he could not do anything for Richard as he/she

had not been Richard's attending physician nor had he witnessed Richard's behavior.

To the worker's credit, he/she recognized the need for twenty-four hour care for Richard and conferenced the case with his supervisor, the Barrhead psychologist and one other worker in the office. (This represented the first and only case conference held on Richard.) It was the result of this conference that a Compulsory Care Certificate was requested and the referral to the Youth Assessment Centre was made.

Richard spent approximately one and one-half months in the Youth Assessment Centre in Grande Prairie. This centre is intended to be a resource wherein a complete assessment can be given to any child referred. While I have a great respect for the efforts of the child care workers with whom I met, I am not at all convinced that this facility can achieve its objectives in relation to assessment. Further, I am convinced that Richard was essentially being held in this centre until such time as he could be seen by a psychiatrist in Edmonton. This psychiatric assessment did take place on April 30, 1984. A verbal recommendation was given to the social worker. According to the worker's progress review note, "Dr.... advised to have Richard returned to his foster home and the community school where according to Dr....he would receive his best emotional support." This recommendation was not followed up with a written statement until August 10, 1984, almost two

months after Richard's death. Importantly, this letter indicates that the psychiatrist thought there was "a possibility of repeated suicide attempts." His reasoning for recommending Richard's return to his community was apparently based on the support available from his foster parents and brother, together with the objective of "forming a relationship and developing some psychotherapeutic approaches with the psychiatrist." An appointment was then booked for June 8, 1984 which Richard did not keep.

After this verbal recommendation was given to the social worker, plans were immediately put into motion to return Richard to his community. In terms of quality of casework practice, however, I am curious as to why there was no case conference among the assessing psychiatrist, the social worker and the staff at the Youth Assessment Centre. This recommendation was made after an assessment period of perhaps no more than two hours. The Assessment Centre staff had observed Richard for one month and thirteen days. In a letter dated May 10, 1984 to the supervising social worker, the key worker at the Youth Assessment Centre stated:

> The centre feels that Richard would benefit from a placement at a treatment oriented group home because it has been observed that he has a difficult time controlling his emotions. Richard can become very depressed after being quite high in a short span of time. During these moods of depression, Richard displays his

> frustrations by striking objects such as a wall of doors.

It appears to me that the Assessment staff's opinion did not weigh at all into the decision to return Richard to his community.

One of the distinct disadvantages of not communicating within the context of a team approach is that information is often lacking. For example, I am not sure whether the assessing psychiatrist knew that Richard could not be returned to the foster parents to whom the psychiatrist was referring. These foster parents, while they had "hung in" for a long time, felt that they could not take Richard back given his two suicide attempts.

The social worker was left "holding the bag" so to speak. He had received a recommendation from a psychiatrist and he felt that he had no alternative but to act on that recommendation. In addition, he had a recommendation from the Youth Assessment Centre stating that Richard would do better in a twenty-four hour group home treatment centre. The difficulty is, as I have since found out, there are no such facilities available for a child of this age (Richard was seventeen years of age). The social worker faced with this reality apparently chose the next best alternative: i.e., another foster home.

Without any preplacement planning, Richard was taken to the home of his sixteenth foster parents. It would seem on

the basis of information provided by these foster parents, as well as my conversations with the worker, that very limited information was provided to these foster parents at the time Richard was placed. This placement procedure violates the expectations of the *Child Welfare Programs* manual. It is my opinion that the worker had believed that all options had been exhausted. Had the worker not been able to place Richard in this foster home, I am not sure what the worker's alternatives would have been. Therefore, although it was improper, the worker apparently provided very little information concerning Richard's immediate background. One wonders whether or not the couple would have accepted him into their home had they known his background. In fact, the foster mother told me in an interview that had they known Richard had attempted suicide twice they would not have accepted him as a foster child.

Acknowledging that there is a distinct lack of resources available for a child of this age who is depressed and suicidal, I still must question the judgement of the worker in placing Richard with a foster couple who had never had foster children previously. In addition, expecting these foster parents to take on this role, with such limited information and virtually no preplacement work, must also be questioned.

As a part of the verbal recommendation given to the worker, Richard was expected to return to his "community

school" (a point, incidentally, which does not appear in the letter from the psychiatrist). The difficulty was that the school was necessarily resistant to Richard returning given that he had attempted to take his life in that school. After a considerable effort on the part of the social worker, as well as impressive cooperation from the school principal, Richard was accepted back. The file notes, however, that both the social worker and the high school principal attempted to get in touch with the assessing psychiatrist. Neither had their calls returned and the decision to allow Richard to return to school had to be made independent of the psychiatrist verifying this recommendation.

On May 31 Richard ignited a home-made firecracker in a classroom and he was asked to leave the school. On June 1 his foster parents were scheduled to be away for approximately five days. While they had made arrangements for Richard's care and had intended that he would remain in their home, the worker decided that Richard should be under twenty-four hour supervision. Therefore, for the next seven days Richard was placed in a group home in the Barrhead area.

This group home is operated by a husband and wife team who are psychologists. During their brief encounter with Richard, they were convinced that he was a child at risk. The husband informed me during our interview that he had telephoned the worker and told him that he believed that

Richard was a suicidal risk. He further stated, "I believed he would almost certainly try suicide again." I was informed that the group home operators had instructed their staff not to leave Richard alone while he was in this home because they were convinced that he was a suicide risk. I asked what indicators they had used to make this decision and they reponded: (1) the lacerations on his wrists, (2) he had talked about himself as having a wasted life, and (3) his previous attempts at suicide.

My interview with the foster parents indicated that there was a great deal of confusion as to the permanency of Richard's move to this group home. Both foster parents stated that they were under the impression that Richard was being moved from them on a permanent basis. They claimed that they were very surprised when the worker telephoned them two days after they had returned from their trip, requesting that Richard be returned to them. They reluctantly accepted Richard back but registered their concern that he was no longer in school and the foster father had returned to his employment. This meant that Richard would be unsupervised during the day. There is no evidence that the social worker attempted to respond to this expressed concern. Richard was allowed to spend his time unstructured and unsupervised. Except for a brief time where he helped a carpenter work on a

neighboring home, Richard spent the remaining days of his life thinking and trying to write his book.

The *Child Welfare Programs* manual is very specific in relation to the expectations on the departmental social workers when a child dies. In terms of the quality of casework service given in preparation for Richard's funeral, the file attests to a high quality of work. One of the other social workers in the Barrhead office expended a great deal of energy in helping Richard's brother make the funeral arrangements. In addition, this worker contacted most of the members of Richard's family and arranged for the Department to cover the costs of assisting the family to be in attendance at Richard's funeral. Of importance, the social worker was able to contact both Richard's mother and father. Although the father was not in attendance at the funeral, I was impressed by the fact that this worker was able to locate the parents. I was left wondering how it was that over the years these parents were so often said to be unavailable.

I have spent a great deal of time in describing the casework practice during Richard's time as a permanent ward. I felt this was important for a number of reasons, not the least of which was to indicate that I believe the Department lacks any clear statement of what it expects in terms of casework practice with permanent wards. I must conclude by stating

that the quality of casework practice offered to Richard Cardinal during the period of his permanent wardship was at best a maintenance service. It is my opinion that the care and nurturing of permanent wards is essentially left to the foster parents. The social workers evidently do not see themselves as being required to do any short- and long-term planning and, in Richard's case, it appeared sufficient to report periodically that he was having certain problems. From the workers' perception it was not necessary to attempt any counselling or any other activity which would have as its objective the alleviation of Richard's behavioral and emotional problems.

Overall, I must conclude that the quality of casework practice given Richard Cardinal during his temporary and permanent wardship phases was of a significantly low quality.

(c) Quality of Casework Supervision

There was no evidence that the quality of supervision given the caseworkers during Richard's permanent wardship increased in quality compared to that which was given during Richard's temporary wardship.

The Northwest Region did issue a policy statement on January 11, 1983 with regard to "clinical supervision." This policy stated that the responsibilities of the clinical supervisor fall into two main areas: (a) supervision, (b) consultation. Under the heading of the supervisory responsibilities, the

policy identified nine responsibilities including "review files for quality of service and provide direct case consultation to workers as need [sic] arise." I have cited only these two responsibilities as they seem to bear direct relevance to my earlier criticism regarding the absence of quality supervision.

This policy was implemented one and one-half years prior to Richard's death. Given my observations under the heading of Quality of the File, it would seem that the supervisor did not carry out the responsibilities in reviewing the files for quality of service. Further, as this policy states that direct case consultation will be provided to workers as the need arises, I am left wondering who determines when the need arises. In the case of Richard Cardinal, my own point of view is that the need arose on many occasions for direct case consultation. I am informed by the workers that supervision/ consultation tends to take place on a catch-as-catch-can basis. The supervision tends to be related to policy matters relative to departmental regulations. Casework supervision related to planning, goal setting, and counselling is apparently not available.

My interview with the manager of the district office indicated that there was an expectation in the smaller offices within the Department that the manager should combine his role with that of supervision. In fact, this district office manager saw his responsibilities as essentially management with

less emphasis on supervision. The Barrhead District Office has one additional supervisor who is responsible for three child welfare workers plus staff with other responsibilities.

When attempting to address the issue of quality of supervision one, of course, is immediately faced with the departmental expectations. In my opinion the policy and procedures of the Department really only speak to the level of authority and approval regarding departmental expenditures and regulations pertaining to the maintenance of the child. There is a glowing absence of a statement of departmental policy regarding the expectations and responsibilities for supervision of casework practice. The January 11, 1983 Northwest Region policy on clinical supervision clearly does not address these expectations and responsibilities.

Given my earlier statements in relation to the quality of the file as well as the quality of casework practice during this period of Richard's care, I can only conclude that the quality of supervision available to the caseworkers was unacceptable.

(d) The Extent to Which the Social Workers Understood and Appropriately Responded to Richard's Needs

After a very thorough review of the file information supplemented by interviews with the four social workers responsible for Richard during his final two years, I must conclude that the workers understood Richard's problems and

his needs. However, this does not mean that I believe they responded appropriately to these needs.

In my opinion three out of the four workers lacked the appropriate knowledge and skills to more effectively intervene on Richard's behalf. Clearly, all workers were unsure of the Department's expectations beyond monitoring his life and responding to crises. As one worker stated during our interview, "Even if you knew that you should be doing more you are not sure whether you will get the support to do it." In other words, this particular worker felt that when a response over and above the basic maintenance requirements was required, there was some doubt whether supervisory/management support would be forthcoming.

On a final note, and in terms of level of understanding, it should be pointed out that none of the four social workers interviewed had taken any instruction on suicide and suicide prevention. In addition, although two of the four workers interviewed did have the first professional degree in social work, I felt only one of them had any understanding of the signs of depression and appropriate techniques for dealing with depression.

2. Relationship Between Foster Parents and the Department

During his permanent wardship period Richard spent slightly less than seven years in three different foster homes. By far the

majority of this time was spent in two foster homes. The third foster home was the one in which Richard eventually took his life. It is a matter of public record that these foster parents were not satisfied with their relationship with the Department. This is quite understandable given my earlier comments within the section on Quality of Casework Service.

The other two couples tended to rate the relationship with the Department as positive. Both couples excused the lack of contact with their social workers as the result of heavy caseloads. One couple, however, was quite clear that they felt that the Department did not provide them with the support that was needed to foster difficult cases. Indeed, the file information would indicate that both these couples went for many months without any contact with their social workers. In my opinion this hardly comes close to matching the notion of the foster parents as "part of the team." If anything, the foster parents are the team with the social workers making periodic visits to monitor the care of the permanent ward.

It is fair to conclude that two out of the three foster parents with whom I met felt positive about their relationships with the Department. It did leave me with a question as to what their expectations were on the Department and its social workers. The file information recorded by the social workers quite clearly indicated to me that these workers were available only for monitoring the foster parent child relationship and to deal with crises situations.

It is important for me to observe that during Richard's permanent wardship period the foster parents did show signs of a greater commitment to the role of fostering. Even with this commitment Richard still was moved as this continued to be seen as the best option when stress began to mount. I am not convinced, for example, that after four years in a placement that Richard would have had to move if the Department would have been providing adequate direction and support for the foster parents. This particular move was a heart-breaking move for Richard and although the foster parents stated at the time that they would not have room for Richard, I am more inclined to believe that they had simply run out of energy in trying to cope with his behaviors.

In conclusion then, I believe that the quality of foster parenting improved during Richard's permanent wardship period. I do not, however, believe that the Department improved its support for the foster parents. In fact, the frequency of contact with the foster parents reduced dramatically during this permanent wardship period. The Department's *Child Welfare Programs* manual states that the foster parent-departmental relationship is a cooperative partnership with the foster parents considered as "part of the team." I saw no evidence that the Department, through its social workers, saw the foster parents as part of the team. If anything, the foster parents were the team and they functioned in relative isolation from the social workers.

3. Relationship Between External Resources and the Department

The Department's utilization of external resources was greatest during Richard's time as a permanent ward. This was particularly true of the final two years of his life. For example, during this time Richard had contact with five group home settings; he was treated and/or assessed by seven different psychologists (two of whom were within the Department of Social Services and Community Health, Mental Health Division); he was treated in three different hospitals by a total of five different physicians; he was seen and assessed by one psychiatrist.

If I were to use any phrase to characterize my observation concerning the relationship between these external resources and the Department, I would have to use the much over worked phrase of "lack of communication." Such communication is a mutual responsibility and this is clearly delineated in the *Child Welfare Programs* manual in the section dealing with community resources (see Chapter V of this report). I would only be repeating comments from earlier parts of this report if I were to go into the examples of the abysmal lack of communication between the Department and the resources utilized. This applies particularly to Richard's stay in both Acadia House and the Youth Emergency Shelter. It is to be acknowledged that Acadia House did not seem as troubled by this lack of communication as did the Youth Emergency Shelter. However, it is my opinion that the Youth Emergency Shelter had

Richard at a point where his behavior and psyche had deteriorated to its worst.

I would also like to comment specifically on the relationship between the group home located outside of Barrhead and the Department. This group home appears to be a most viable community resource in a community which has very limited resources. I continue to question why this resource was not pursued earlier as a treatment option for Richard. From the point of view of the group home parents, their relationship with the Department has changed since regionalization. In fact, they have carried a number of empty beds since the regionalization plan was implemented.

The Department seems to rely heavily on the use of outside consultation. This is particularly true in reference to the recurrent statements on file requesting assessments by psychologists. There seems to be a tendency to try to use the referral to a psychologist as a means of problem-solving without due consideration to the problem-solving expertise within the Department. I am further struck by the apparent lack of collaboration involved in these psychological assessments. In only one case does the social worker make reference to being a part of the psychological assessment process. I am concerned also that when the psychological report is sent back to the Department with its recommendations, the social workers apparently do not bring other data to bear in processing these recommendations.

The relationship between the private psychologists and the Department, as represented by its social workers, appears to be a dominant-submissive relationship. That is, the psychologist does the assessment and recommends action to the social worker who seems not to question the recommendation but proceeds to act on it. After over twenty years in the profession of social work, I find this relationship to be a most peculiar one. Certainly, it does violate the principle articulated under the Community Resources section of the *Child Welfare Programs* manual which states, "It is important that the child welfare worker, the community resource personnel and other individuals involved in the child's care, function as a team."

I would offer the observation that the same applies in the relationship between the Department and any consulting psychiatrists. I have commented earlier on my observations regarding the Department's response to the recommendation offered by the assessing psychiatrist. Here again, the concept of team does not seem to apply.

On a general note, I must comment that those professionals who were available for interviews were all desirous of commenting on their perception of the relationship between themselves and the Department. In each case these comments extended well beyond their experiences with Richard Cardinal. Each professional had at some point worked with the Department on a child welfare case. Although the degree of intensity differed, each of these

professionals expressed criticism concerning their relationship with the Department.

One psychiatrist informed me that due to the poor relationship with the Department, he and his colleagues were refusing to accept referrals from the Department. In fact, he shared a letter with me which he and his colleagues had written to the Minister expressing their concerns about the Department (see Appendix "B"). I feel somewhat handicapped in raising these relationship questions given that my mandate was to look at the Northwest Region. The fact is that the Department's resource utilization on Richard's behalf was essentially in the Edmonton Region. With the exception of the one group home in the Barrhead area, the majority all of these criticisms were leveled at the Edmonton Region.

I have no doubt that the social workers would have a number of critical statements to make regarding their relationships with these various resources; however, I was not in a position to pursue these observations.

Concluding Comment

After a thorough analysis of the case management of Richard Cardinal during the period of time that he was a permanent ward with the Department, I must conclude that the quality of case management was unacceptable. While a greater effort was made to help Richard in his final months, the cumulative effect of departmental inactivity, low frequency of contact, and the absence of a clearly articulated plan to help

Richard with his long-standing problems rendered these final efforts ineffectual. Therefore, in response to the terms of reference question, "Were the case management responsibilities vis-a-vis Richard Cardinal effectively carried out?" I must conclude that during Richard's period of permanent wardship the Department's responsibilities were inadequately carried out. When a child is made a permanent ward, the Department becomes his or her only advocate. The need for quality casework as demonstrated by appropriate assessment, planning, goal setting, and action is extremely important. This was lacking in the case management of Richard Cardinal.

CHAPTER VII

REVIEW FINDINGS: DEPARTMENTAL AND NORTHWEST REGIONAL ORGANIZATION AND ADMINISTRATION

The mandate of this case management review was intended to focus specifically on the procedures and processes involved in the care of Richard Cardinal by the Northwest Region of the Department of Social Services and Community Health. The central question posed for my consideration was stated as, "Were our responsibilities to Richard Cardinal completely/adequately carried out?" As I developed my framework for gathering information and began to ask questions at the managerial level, I encountered an unexpected reaction. This reaction can best be labelled as uncertainty. The uncertainty had a number of facets. Two emerged quickly as major organizational stressors. First, there has been a lack of administrative stability. It is well known that in the recent years the Department has gone through a number of senior administrative changes. To some degree this was commented on by the Cavanagh Commission. Since the publication of that report, the Department has gone through the termination of another Deputy Minister, the appointment of an Interim Deputy Minister and finally on July 1, 1984 the appointment of a new Deputy Minister.

The second major facet of this uncertainty is the confusion arising from the plan to regionalize social services within the province. This decision was operationalized over three years ago, and it has had a profound effect on policy issues, decision-making and service delivery

within the Department. Individually, senior management staff tried to explain who has the authority for policy formulation, where decisions are made and who is accountable within the Department. Distressingly, when I put these individual answers together, I found contradictions, differences in perception of authority, and most definitely I found differences in perception of who has the right to make policy.

The issue of regional autonomy versus central control in terms of budget matters, policy formulation, decision-making, and the setting of standards for service delivery is alive and well within the Department of Social Services and Community Health. My mandate is not to examine the organizational structure of this Department, nor am I an organizational consultant; however, in order to understand the case management deficits identified in my earlier chapters, it is necessary to briefly explore these two facets of administrative uncertainty.

SENIOR MANAGEMENT CHANGES

In addition to the senior management changes referred to above, administrative and direct line staff uncertainty is virtually guaranteed by the appointment of managers to "acting" positions. For example, the incumbents in the positions of Director of Child Welfare and Assistant Director of Child Welfare have been "acting" in these roles since January 1983. I am told they will remain in an acting capacity until the introduction of the new *Child Welfare Act* July 1, 1985. In the North-west Region, Barrhead District Office, there have been four different District Office Managers since the summer of 1982. The present District

Office Manager was appointed as acting on January 1, 1983. His appointment was not made permanent until May 7, 1984. When the present Child Welfare Program Supervisor for the Northwest Region was appointed, he was appointed as "acting" in that position. The present Regional Director of the Northwest Region remains in an "acting" capacity.

According to some viewpoints expressed to me, many of the deficits found within the Northwest Region today are in part attributable to these management/administrative uncertainties.

The degree to which any administrator/manager can engage in responsible program planning and service delivery improvement is severely limited if they are uncertain as to their future in that role. Furthermore, the staff for which these individuals are responsible will naturally remain hesitant in terms of their commitment and allegiance to the actions of someone who is deemed to be "acting."

In my opinion these account for only a portion of the difficulties. The more I pursued my questions with various departmental staff, the more convinced I became that the Department's understanding of regionalization was exceedingly unclear. Due to the fact that the people with whom I talked had given me such different perceptions of their understanding of the organizational responsibilities under regionalization, and because in my view the organization is ultimately responsible for children like Richard Cardinal, I found it necessary to acquaint myself with the Department's objectives in moving to this regional plan.

REGIONALIZATION

I was informed by a senior administrator within the Northwest Region that "if any region has felt the brunt of regionalization, it is this one." It is felt that this region has very few resources upon which to draw; it lacks a monitoring system for its service delivery; it lacks standards and guidelines; and there is no system by which to evaluate staff competence. There are morale difficulties, rapid staff turnover, and a constant vacancy in child welfare positions. Because of the difficulty in attracting social workers to this region, the region presently has twenty percent of its child welfare positions vacant. The comparable figure for the Barrhead District Office is thirty-three percent. From this administrator's point of view, while regionalization has some definite strengths, "...the parameters of a region have not been defined." The Regional Director's role and responsibility have really not been detailed, and the issues related to financial autonomy and responsibility remain unsettled.

In the eyes of another person who has a total perspective on the Northwest Region, I was told that the way regionalization has been set up "child welfare cases are now about fifth or sixth priority in terms of attention and resources." This was particularly troublesome to me given that I had already been told that permanent wards within the child welfare system were viewed as second or third priority. I was beginning to understand why I had felt Richard Cardinal had been given such little attention by the caseworkers.

When I decided to familiarize myself with the regional plan and its objectives, I requested from the Department materials that would assist me in this endeavor. Curiously, the staff member assigned to assist me found it difficult to access an organized and comprehensive statement on regionalization. I was finally provided with documents written by the previous Minister, Mr. Bob Bogle. Much of this material came from a newsletter from the Minister entitled, "Forward." I was provided with these newsletters which covered the period April 1981 through May 1983, at which time the publications terminated.

OBJECTIVES OF REGIONALIZATION

On April 30, 1981 the Minister outlined the objectives of the regional plan as:

1. To improve service delivery to Albertans through a decentralization of responsibility and decision-making from central office to regional centres.

2. To ensure our programs are more readily accessible to client groups, recipients and residents of our province.

3. To achieve greater coordination of our social and health programs at the community level.

4. To strengthen our capability to anticipate and respond quickly to major issues.

The same document identifies the reporting structure of the six geographic regions:

> ...the Associate Deputy Minister will be responsible for delivery of services through six geographic regions,...the Assistant Deputy Minister of Finance and Administration and the Assistant Deputy

> Minister, Planning Secretariat will report to the Associate Deputy Minister and will provide service to both program divisions...
>
> The six regional centres will act as nerve centres to coordinate and oversee delivery of services at the regional level...
>
> Each region will be headed by a Regional Director who will report to the Associate Deputy Minister responsible for service delivery...

Since all six Regional Directors worked closely with the Decentralization Task Force during the development and implementation phase, I would have to assume that the Regional Directors have a clear understanding of the structural and functional components of regionalization. I do remain uncertain as to the degree of the collective's understanding of this aspect of regionalization.

The specific tasks of the Regional Directors at the time of implementation were defined as:

> ...to recommend a detailed structure for the regions, including the allocation of responsibilities between regional and office structure and initial resource deployment...
>
> To recommend detailed planning, budgeting and communications systems both within the region and between regions and the central office units.

Specific responsibilities assigned to the region and district offices were:

- Regional planning and budgeting
- Program implementation and delivery
- Program support and consultation

- The establishment and maintenance of relationships with contract agencies
- Community relations
- The resolution of issues involving the coordination of the Department's programs
- Effective speedy communication
- Administrative and financial control

Central office level functions were seen as:

- Overall corporate management
- Strategic planning
- Program planning and design from a province-wide perspective including the development of standards
- Highly specialized and individual functions relating to program implementation and consultation
- Management audit and operations review resources
- Support functions appropriately provided on a province-wide basis.

Elsewhere in this material the division of responsibility for monitoring service delivery and program evaluation is identified.

> The central office will be responsible for overall program evaluation. This will involve formal audits and operational reviews of management, financial and program operations either on the initiative of central office or at the request of the region.
>
> The regions will be responsible for informal monitoring on a continual basis, for licensing, inspection and financial program review and consultation.

> ...the regions will have primary responsibility for monitoring at the client level on a case file basis and for service agency performance, with the central office responsible for province-wide program validity and for management audit.

I found very little in reviewing this material, that spoke directly to the responsibilities in regard to child welfare. In these documents child welfare appeared not to warrant special mention. It was identified generally within the social services area and its unique demands within the social services area were not factored out for attention. In one statement made by the Minister in March of 1982 there was a hint that further elaboration in the field of child welfare would have to await the findings of the Cavanagh Board of Review. He stated: "The 1982 Cavanagh Board of Review will be reporting its findings on the child welfare system. Response to the report and initiation of necessary legislative changes will be developed on a priority basis..." I inferred from this statement that those priorities would be identified by the Cavanagh Report.

SUMMARY OBSERVATIONS REGARDING REGIONALIZATION

The following summary comments reflect my impressions, concerns and questions resulting from my review of the material provided to me with respect to the regionalization plan.

1. I now have a much better understanding why staff remain confused concerning the regionalization plan. No single document appears to

exist that would cover all aspects of regionalization: i.e., its structure, its processes, decision-making, policy-making, and organizational authority.

2. The objectives, goals, and criteria are vaguely stated in broad and general terms. In part, this accounts for why I heard such a variety of individual interpretations.

3. All Regional Directors were apparently a part of the developmental process and implementation. Accordingly, I would have expected to hear much greater assurance that all Regional Directors understood their roles and responsibilities. Using the material provided to me, I have cited what I perceive to be the Department's official separation of responsibilities between the regions and the central office. Importantly, I was unable to note a clear distinction as to where policy development was positioned.

4. In my discussions with senior management, I detected a confusion as to who was responsible for setting standards and guidelines for program delivery. From the material reviewed, it is clear that all case management decisions are to be taken at the district or regional level, except for those involving interprovincial issues.

The issue of quality (which definitely relates to case management) is the responsibility of central office through the program evaluation functions in that office. These functions take the form of financial audits and operational reviews of management and program operations. The region remains responsible for what is referred to as "informal monitoring" on a continual basis. This

seems to imply that standards and guidelines are then set by the central office against which the regional office programs are then measured. This is far from clear and once again is open to individual interpretation.

5. As I have mentioned earlier, child welfare services appeared not to merit specific attention in this regionalization plan. Since child welfare is not addressed as a special, complex, legislated service for the protection of children, it gives the impression that it is "just another program." In this respect it must compete with other programs such as social allowance, rehabilitation services, residential resources, etc. for resources. It would appear to me that the priority assigned to child welfare programs within any region will vary in accordance with the values, beliefs, and attitudes of the Regional Director and his/her senior associates.

6. As I have pointed out in the early sections of this report, the *Child Welfare Act* is very definite in assigning responsibility for children in care to the Director of Child Welfare. My analysis of the material provided would suggest to me that at best under the regionalization program the Director of Child Welfare is organizationally at the same level as a Regional Director. Under the current *Child Welfare Act* I remain unconvinced that the Director of Child Welfare should be positioned at the same level as a Regional Director and below an Associate Deputy Minister. My opinion is that the Director under the terms of the *Child Welfare Act* is responsible and therefore accountable for all matters concerning the

quality of care for children having status within the Department. However, within this regional plan the Director's authority is subordinate to an Associate Deputy Minister and I suspect to a Regional Director. This may in fact account for why it is perceived among those persons I interviewed that the Child Welfare Division has remained virtually inactive since the advent of regionalization.

7. As Richard Cardinal was a Metis child, I have a particular interest in understanding the Department's position on responsibility respecting Native children. To the best of my knowledge Native issues were not addressed in this regionalization plan. I remain unclear as to whether policy formulation and program planning for the Native child is the responsibility of the region or of central office. Given the population serviced by the Northwest Region, it is essential that this question of responsibility be clarified in order to get on with the task of improving the Department's service to Native families and children.

8. As two of the three Barrhead District Office social workers interviewed did not have the professional degree now required by this office to work with child welfare cases, the issue of education must be considered important. In the regionalization plan, training is mentioned as a regional function. This responsibility remains vague. For example, all staff are required by central office to undergo the training program referred to as "Child Protective Services." If this training program is required by central office, does central office have the authority to state minimum professional

requirements for its staff? According to my reading of the regionalization plan, central office does not have this authority. This authority remains in the hands of a Regional Director.

CONCLUDING COMMENT

After studying the material on the regionalization plan, I have a much greater understanding as to why I encountered so much confusion among the persons I interviewed. For most in the Northwest Region the positive impact of this plan has yet to be seen. In the Barrhead District Office decisions have basically been on "hold" pending the permanent appointment of the District Office Manager. Within the region as a whole, I think it is fair to say that few policies have been developed and at this point the region continues to operate on policies which were in place prior to regionalization.

The fact that senior people within the organization were unable to clearly delineate responsibilities and lines of authority indicates a strong need for senior administration to clarify its position on regionalization and the accompanying division of responsibilities.

CHAPTER VIII

REVIEW FINDINGS: COMPARATIVE CASE MANAGEMENT

At a point during the interview phase of my case management review I became aware of an expressed belief that there were "hundreds of Richard Cardinals in the system." Because I had heard this belief expressed by a number of different individuals, I asked for and was given permission to examine the files of all permanent wards within the Barrhead Office. In addition, I asked to be allowed to review the permanent ward files of children under the supervision of a different yet comparable district office in another region. The results of these comparisons are presented below.

BARRHEAD DISTRICT OFFICE

I reviewed all the files of permanent wards (seven) presently in the care of this office. Because of the confidential nature of these files, my comments must be very restricted. Overall, I would have to say that the service being provided these children does not differ substantially from that provided to Richard Cardinal. While none of the children have been placed in as many foster homes as that which Richard experienced, I would suggest that three children appear to be somewhat at risk in this regard. One child in particular has now been placed in nine different foster homes.

The comments that I made earlier in regard to the quality of file with respect to Richard also hold for the quality the files of these seven children.

After reading these files I concluded that the quality of casework and supervision did not vary with these children. In fact, I remain even more concerned about the quality of monitoring the workers' involvement with the permanent wards. Two specific examples should evidence why I have this concern.

In the first example the worker reports on his/her contact note of October 1982 that this particular permanent ward has improved his school record this year having scored in the 90's, 85's and 100's. The child was in grade five. On April 10, 1984 a new worker reports that "...[the child] is going to have to repeat grade six." This apparent dramatic shift in performance is not seen as something requiring social work intervention. It is simply reported in the contact notes.

On reviewing another child's file, I was distressed to find that an August 1981 child's progress report was copied verbatim by the worker from the February 1980 progress report prepared by another worker. The only information which had been changed was the new foster parents' name and the dates. All other information concerning the child's progress and problems were stated identically.

COMPARABLE OFFICE

I reviewed a number of permanent ward files in this office. This district office had chosen a different file format. For example, they

continued to retain the workers' contact notes in addition to the Review of Child's Progress notes.

Overall, I found the files in this office to be much better prepared and, while in some instances the workers did not meet the three-month deadline on filing the child's progress report, the gaps were nowhere near what I had experienced in the Barrhead office.

In terms of the quality of casework practice, I noted that most of the files in this district office contained a statement of the casework plan and accompanying goals. For the most part these goals remained general, lacking specificity. There was, however, a sense that the workers were doing more than simply reporting on the problems.

I did have a sense that the supervisory-worker relationship was different in this office and there was a regular supervisory meeting held every Friday morning. The quality of monitoring of the workers' activity also seemed to be of a higher quality in this office. I was informed by the Regional Manager that all contact notes prepared by workers in this district office were read by the area manager for the district office.

I did perceive that the permanent wards in this district office were receiving more frequent service from the social workers. Further, there appeared to be more case planning reflected in the workers' progress reports. It was not possible for me to conclude that the depth of service was substantially above that in the Barrhead office. Some of the progress reports had a familiar tone of the maintenance and monitoring approach that I observed in the files of the Barrhead office. In

fairness, I must state that I did not have the same amount of time to study these files as I did with the Barrhead cases.

In conclusion, I am of course in no position to comment on the "number of Richard Cardinals in the system." However, I am prepared to state that the potential is definitely there.

CHAPTER IX

RECOMMENDATIONS

Based on findings of this case management review into the care of Richard Cardinal, I have concluded that the Department of Social Services and Community Health failed to adequately carry out its responsibilities for this child.

While the question of responsibility was central to this review, a number of other aspects of the case management process were examined. The examination of these different aspects of case management gave rise to a series of conclusions which serve as the basis for the following twenty-seven recommendations.

The terms of reference of this case management review specified the Northwest Region of the Department of Social Services and Community Health. I would strongly suggest that many of these recommendations might appropriately be considered for the other five regions as well.

A. RECOMMENDATIONS TO ENSURE THE BEST INTERESTS OF THE CHILD

RECOMMENDATION #1:

> *That the Department of Social Services and Community Health demonstrate through particular program action its declared commitment to child welfare.*
>
> A new *Child Welfare Act* is only a foundation upon which to demonstrate this commitment. Development of supporting child welfare programs and resources will be the measure of the Department's priority. It

> is my opinion that the Department is now in a position to implement many of the policies, standards, and programs that are anticipated under the new *Child Welfare Act*. This should be done as soon as possible.

The findings of this review indicate that:

(1) The Minister of the Department of Social Services and Community Health has declared that child welfare is a top priority with this Department.

(2) As the Department began to operationalize its regionalization plan, child welfare was not a visible part of this plan.

(3) Some staff interviewed during this review expressed the belief that the Department viewed child welfare as a low priority.

(4) There are virtually no appropriate treatment resources available for children of Richard's age in the province of Alberta.

RECOMMENDATION #2:

> *That the Department of Social Services and Community Health must immediately examine the care of those children who are permanent wards within both the Northwest and Edmonton Regions.*

The findings of this review indicate that:

(1) Some people responsible for the care of these wards believe they are a second or third level priority on a caseload.

(2) The Department's own Child Welfare Programs manual reinforces this belief by specifying casework responsibilities for the care of temporary wards (pp.106-107, Child Welfare Programs) but not for permanent wards.

(3) In both regions the social workers significantly violated the requirements for filing the Review of Child's Progress report, leading to the speculation that the frequency of contact was also below departmental expectations.

RECOMMENDATION #3:

> *That the Department of Social Services and Community Health establish a temporary and permanent ward review procedure which would insure that the care of all permanent wards is monitored and evaluated at least once per year.*

The findings of this review indicate that:

(1) The frequency of contact between the permanent ward and the Department is relatively infrequent, at least in the Northwest Region, Barrhead Office.

(2) The quality of casework planning for the child's future was inadequate.

(3) Emotional and behavioral problems were repeatedly identified but no action was taken to alleviate these problems.

RECOMMENDATION #4:

> *That the Department of Social Services and Community Health move immediately to establish and fund programs in the Northwest Region to assist adolescent wards in preparing for independence from the Department.*

The findings of this review indicate that:

(1) Richard Cardinal was extremely concerned about his approaching eighteenth birthday and his apparent inability to survive without the Department.

(2) Those children in the care of the Department who reach eighteen years of age, and are not in school, undergo an abrupt transition from dependence to independence.

RECOMMENDATION #5:

> *That the Department of Social Services and Community Health develop a statement and a set of criteria for the recognition of a child at risk. This should be accompanied by a clear statement of procedures for helping such children.*

The findings of this review indicate that:

(1) The series of workers involved with Richard failed to recognize the indicators that Richard was a child at risk.

(2) The series of workers involved with Richard did not appear to be able to identify adequate helping procedures for him.

RECOMMENDATION #6:

> *That the Department of Social Services and Community Health develop a wider range of alternate care resources.*

The findings of this review indicate that:

(1) The Department has relied heavily on foster home placement as a means of caring for children. It is apparent that some children need service beyond that which can be provided in a foster home.

(2) There are virtually no treatment care alternatives for adolescents between sixteen and eighteen years of age.

B. RECOMMENDATIONS TO IMPROVE CASEWORK PRACTICE WITH THE CHILD

RECOMMENDATION #7:

> *That the Department of Social Services and Community Health must identify the means by which caseworkers in the Northwest Region, Barrhead Office can be assisted to develop a higher quality of casework planning and action.*

The findings of this review indicate that:

(1) Few, if any, of the workers involved with Richard Cardinal identified a case plan for him, either as a temporary or permanent ward.

(2) A review of seven other files in this office indicated the absence of written case plans.

(3) Few workers engaged Richard in any systematic effort at change.

RECOMMENDATION #8:

That the Department of Social Services and Community Health formulate a statement of procedures to enhance the transfer of a case from one worker to the next.

The findings of this review indicate that:

(1) There is a high turnover of staff in this region and casework continuity is low.

(2) There is a lack of consistency of service and planning from one worker to the next.

(3) Workers appear not to familiarize themselves with the total file at the time of transfer.

(4) Few, if any, workers seem to build on the work of the previous worker.

RECOMMENDATION #9:

That the Department of Social Services and Community Health examine immediately the low staff morale and high turnover of staff in the Barrhead District Office.

The findings of this review indicate that:

(1) There is a feeling of low morale in this office and, while Richard's death is a contributing factor, it appears to be more deep rooted.

(2) There is a relatively high turnover of staff and a high number of unfilled positions.

RECOMMENDATION #10:

That the Department of Social Services and Community Health re-examine its position on both academic and in-service training, with a view to:

(a) reiterating its commitment to professional social work education and actively encouraging staff in the Northwest Region to pursue the Bachelor of Social Work degree;

(b) mounting in-service programs on social work with Native peoples, taught by persons with knowledge and experience in working with Native peoples;

(c) mounting in-service training programs on child abuse identification and intervention; and

(d) contracting with the Suicide Prevention and Training Program to train staff in the recognition of the indicators of suicide and methods of intervention.

The findings of this review indicate that:

(1) There are a substantial number of caseworkers in this region who have no professional social work education.

(2) The workers interviewed and the files reviewed indicated various levels of knowledge in the three areas of Native issues, child abuse, and suicide prevention.

RECOMMENDATION #11:

That the Department of Social Services and Community Health re-evaluate its procedures for the assignment of caseloads, taking into account the variation and complexity of children's problems and the variation in level of competence and expertise of its social workers.

Often caseload problems are viewed solely in terms of the actual number of cases for which a social worker is responsible. Greater attention should be placed on matching worker expertise and competence with the nature and complexity of the child's problems.

The findings of this review indicate that:

(1) The quality of social work service is below that which is to be expected.

(2) Workers have expressed concern about the size of their caseloads, particularly where an office has unfilled social work positions.

(3) Caseload assignment and reassignment do not appear to be based on criteria which would take into account the varying levels of case complexity.

(4) Caseload size is one of a number of determinants of casework quality.

C. RECOMMENDATIONS TO IMPROVE SUPERVISION OF CASEWORK PRACTICE

RECOMMENDATION #12:

> *That the Department of Social Services and Community Health appoint an external consultant knowledgeable in the area of child welfare casework supervision to assess the supervisory needs of the Northwest Region social workers. To bring forward recommendations which will assist the Department in elaborating and clarifying the role of the social work supervisor.*
>
> It is my opinion that a person external to the Department would be in a better position to gather an accurate perspective on the supervisory needs of the social workers.

The findings of this review indicate that:

(1) There is no clear statement of expectations on the supervisor for social casework supervision.

(2) Social work supervision was qualitatively low and unsystematic.

RECOMMENDATION #13:

> *That the Department of Social Services and Community Health provide educational opportunities for supervisors to improve their knowledge of contemporary social work practice in the child welfare field, as well as to improve their skills and knowledge in the methods of supervision.*

The findings of this review indicate that:

(1) The social workers have identified a number of deficits in the knowledge and expertise of their supervisors.

(2) There is some question among supervisors themselves as to the priority level they should place on social work supervision.

RECOMMENDATION #14:

> *That the Department of Social Services and Community Health examine the appropriateness of the social worker-supervisor relationship model known as a "social work team."*

The findings of this review indicate that:

(1) There exists within the Northwest Region, Barrhead District Office frequent informal collegial collaboration.

(2) There is a need for collective input in casework problem-solving, due to the range of knowledge and experience within this office.

D. RECOMMENDATIONS TO IMPROVE THE RELATIONSHIPS BETWEEN FOSTER FAMILIES AND THE DEPARTMENT

RECOMMENDATION #15:

> *That the Department of Social Services and Community Health strike a task force made up of members of the Foster Parents Association and departmental staff, supplemented by knowledgeable external resource people when needed, to examine the causes of foster home placement breakdown. This task force must bring forward recommendations to improve the probability of foster home placement success.*

The findings of this review indicate that:

(1) There is a high proportion of foster home breakdown in this region, particularly with permanent wards.

(2) There is an indication that foster parents do not understand the depth of commitment needed in taking on this responsibility.

(3) Social workers have not considered the foster parents as members of the team.

(4) Social workers have not seen the foster family as a system through which problem-solving can be accomplished. There appears to be an attitude that problems between the child and the foster family can better be solved by moving the child.

RECOMMENDATION #16:

> *In addition to other suggestions for strengthening foster home placements, the task force give consideration to a recommendation that foster parents and the Department enter into a system of formalized service contracting. Such contracts would include statements of mutual responsibilities with clear statements of future planning for the child.*

The findings of this review indicate that:

(1) Limited information is shared with the foster parents at the time of placement.

(2) There is limited support provided to the foster parents by the Department.

(3) Foster parents often see the social worker aligned with the child against the foster parents.

(4) There is a lack of preplacement planning and foster family-caseworker mutual goal setting.

E. RECOMMENDATIONS TO IMPROVE AND STRENGTHEN RELATIONSHIPS WITH COMMUNITY RESOURCES

RECOMMENDATION #17:

> *That the Department of Social Services and Community Health examine its current relationship with significant community resources with a view to recommending means by which (a) communication can be improved, (b) greater interdisciplinary collaboration can occur, (c) greater interdisciplinary decision-making can occur.*

The findings of this review indicate that:

(1) The Department is viewed very negatively through the eyes of its community resources.

(2) There is little, if any, interdisciplinary team conferencing.

(3) There is a very low level of communication between the Department and its community resources.

RECOMMENDATION #18:

That the Department of Social Services and Community Health prepare a statement of guidelines to enhance the social workers' liaison with the school programs in which their wards are enrolled.

The findings of this review indicate that:

(1) School problems are recurrently identified in the Review of Child's Progress but there is little evidence of collaborative problem-solving between the worker and the school officials.

RECOMMENDATION #19:

That the Department of Social Services and Community Health evaluate its policy and procedures governing referral to private consultants for assessment and treatment of children under its care.

The findings of this review indicate that:

(1) There is a strong tendency on the part of the social workers to refer to psychologists without a clear statement of the rationale and the objectives to be achieved by such a referral.

(2) There appears to be an unavailability and/or reluctance on the part of the psychiatric profession to assess and treat children referred by the Department.

F. RECOMMENDATIONS TO IMPROVE RELATIONSHIPS BETWEEN MANAGEMENT AND CASEWORKERS

RECOMMENDATION #20:

That the senior administration of the Department of Social Services and Community Health clarify immediately its position on the question of regional autonomy versus central control. Specific reference must be given to such issues as budget control, policy formulation, decision making and standard setting for service delivery.

The findings of this review indicate that:

(1) There is currently a great deal of confusion on the degree of autonomy that exists in the regions.

(2) There is a range of opinion as to who is responsible for policy formulation.

(3) There is some degree of confusion as to the degree of autonomy a region has on budgetary matters. This, of course, affects program development and implementation.

RECOMMENDATION #21:

> *That the Department of Social Services and Community Health commit itself to establishing a system of program standards and guidelines. The first system of standards and guidelines should be developed in relation to casework practice with permanent wards.*

The findings of this review indicate that:

(1) There are no clearly identifiable statements against which to measure the quality of service delivery.

(2) There are few guidelines available to assist supervisors and caseworkers in the provision of service to children.

RECOMMENDATION #22:

> *That the Department of Social Services and Community Health clarify the expectations and responsibilities on the internal monitoring of casework activity with the children in its care.*

The findings of this review indicate that:

(1) It is unclear as to whether there is any monitoring of casework activity to ensure quality control.

(2) It is unclear who in the chain of authority is responsible and accountable for monitoring the quality of the casework activity.

RECOMMENDATION #23:

That the Department of Social Services and Community Health identify the reason(s) which inhibit the social workers' compliance with the required frequency of completing the "Review of Child's Progress" reports. Such a review should address procedures and technology which would assist the social workers in completing this responsibility.

The findings of this review indicate that:

(1) Finding a Review of Child's Progress report that was filed within the required three-month interval was more the exception than the rule.

(2) This appears to be a problem in other offices in other regions.

RECOMMENDATION #24:

That the Department of Social Services and Community Health develop a case audit procedure. Such a procedure would ensure periodic external examination of the quality of service being delivered to children in the care of the Department.

The findings of this review indicate that:

(1) There is little internal monitoring and qualitative appraisal of the services being delivered to children.

(2) That there are identifiable violations of departmental policy and procedures by caseworkers in both the Northwest Region and the Edmonton Region. It is apparent that the existing means of reviewing service is not picking up on such errors.

RECOMMENDATION #25:

That the Department of Social Services and Community Health re-evaluate its quality review objectives and procedures. In this re-evaluation, consideration must be given to the participation of at least one member of the review committee being external (independent) from the Department of Social Services.

The findings of this review indicate that:

(1) There is a definite need for a periodic review of programs within the Department.

(2) The current quality review manual, its statement of purpose, goals, and parameters needs considerable elaboration.

(3) Even though a quality review of the Barrhead District Office was done in 1980 (a review evidently initiated because of a death of a child), it appears to have had little impact on the case management and service delivery within this office.

RECOMMENDATION #26:

> *That the Department of Social Services and Community Health develop a system of staff appraisal based on casework performance indicators.*

The findings of this review indicate that:

(1) There is a wide range of performance among the social workers in relation to the quality of their casework.

C. RECOMMENDATIONS TO IMPROVE SERVICE DELIVERY TO METIS AND INDIAN CHILDREN

Richard Cardinal was a child of Metis ancestry. Throughout his life with the Department there was no evidence of the recognition of this fact. In an effort to further understand this major deficit in Richard's care, interviews were arranged with representatives from the Metis Association and the Indian Association of Alberta. Unfortunately, for unknown reasons, the meeting with the latter group did not take place as arranged. However, I had a most productive and lengthy meeting with four representatives from the Metis Association of Alberta. On the basis of their observations, concerns and frustrations with the Department of Social Services and Community Health (see Appendix "C"), I offer my final recommendation and perhaps one of my most important insofar as the case management of Richard Cardinal is concerned.

RECOMMENDATION #27:

> *That the Department of Social Services and Community Health establish, as soon as possible, a task force comprised of equal representation from the Metis and Indian communities and social services personnel, who have had direct work experience within the Metis and Indian communities, supplemented by knowledgeable resource people as needed, to collaborate on the exploration of Metis and Indian child welfare issues, and to recommend program alternatives for Metis and Indian children within the Northwest Region.*

The findings of this review indicate that:

(1) A continued and more concerted effort is required to improve the communication between the Metis and Indian representatives and the Department on child welfare issues.

(2) There are successful examples of viable alternatives to child welfare service delivery to Indian children currently operating in the province of Alberta.

CLOSING OBSERVATION

During the interview phase of this review, I often encountered the statement, "This will be covered in the new *Child Welfare Act*."

It was not within my mandate to explore the merits of that statement; however if I might be permitted, I would like to comment that I have reviewed on several occasions the new *Child Welfare Act*. I am very supportive of the intent and content of this Act. It is a credit to the Minister and the Department of Social Services and Community Health. Nevertheless, it is important to state that many of the findings and conclusions contained in this case management review are related to

policies, standards, and procedures. The *Child Welfare Act* cannot be expected to be this comprehensive.

The overall objective in carrying out this case management review was to identify weaknesses in the manner of care of Richard Cardinal in a sincere hope that changes can be effected within the Department to reduce the probability of any other children experiencing a similar fate to that of Richard Cardinal. It is essential that the Department give serious consideration to the recommendations offered in this report as they were intended to be compatible and supportive to the new *Child Welfare Act*.

APPENDIX "A"

NORTHWEST REGION CASE MANAGEMENT POLICY

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH

SECTION	PAGE

TITLE: Northwest Region Case Management Policy	
EFFECTIVE DATE: January 1, 1984	REVIEW DATE: June 30, 1984

NORTHWEST REGIONAL POLICY

The Northwest Region shall implement consistent, minimum standards in Child Welfare case management. Files shall include the following section headings:

- Intake investigations/information slip/history file
- Social History
- Running records
- Case Plan
- Medical Information
- Education
- Assessment and reports
- Heritage
- Legal documents
- Miscellaneous Correspondence
- Termination Report

Current policy as outlined in the "Child Welfare Programs Manual (April 15, 1982) shall be adhered to with modifications to running records, heritage and case planning. Procedures pertaining to these sections are in the "Case Management Format". This document shall complement the "Child Welfare Programs Manual (April 1, 1982)" in the Northwest Region.

Implementation of these minimum standards on all new family support, juvenile offenders, T.W., P.W., and C.B.A. files shall commence January 1, 1984. Existing files shall reflect this format by June 30, 1984.

REGIONAL DIRECTOR'S SIGNATURE:	DATE: December 12/1983.

* This policy applies to all Northwest Regional Staff within the Department of Social Services and Community Health. Please refer questions or comments regarding the above mentioned policy, in writing, to the Regional Director's Office: Box 326, McLennan, Alberta T0H 2L0.

RATIONALE

In keeping with the Northwest Region's committment to permanency planning in Child Welfare, it is necessary to introduce case management policy. This provides a structure for goal-orientated, time limited intervention to formalize involvements, responsibilities and accountability of the parties involved.

The information collected from the field as well as the Child Welfare Committee meetings serve as the background for this policy, coupled with previous training in Child Protection Services, which has had a definite impact on this case planning format.

The current trend in casework today has been a great influence in the preperation on this policy. Also, the past has been considerably discussed as to its influence on format, so the result has been to move away from directive recording to semi-directive. We have tried to stay away from the square box, tic mark, and the one liner approach to providing a process of headings with directives as to content. This allows field staff and supervisors the flexible approach of applying their skills and training, while providing a minumum standard.

The formulated policy is quite able to fit into the current recording requirements; all can be done on a Review of Child's Progress.

GOAL SAMPLE

The sample used here encompasses a lot of people on caseloads and deals with housing.

How often have workers come across situations where poor housing (slum housing) is a real concern and is part of the neglect issue?

Often we write in the reports and recommendations that the client must change housing "as soon as she does change her accomodation she can have her kids back".

If this were shown as a goal in the case plan it would be shown as follows:

Housing

Goal: Client has agreed to change her accomodation as a further step for the return of her children. She has agreed to do the following by March 1, 1984:

Sub-Goals (Tasks)

1. Contact Alberta Housing by December 1, 1983 to discuss her qualification for accomodation and to report back to the worker on that date at 2:30 p.m..
2. She has agreed to enlist the help of Mary Doe at the Friendship Centre to look through the newspaper and pick out rental places, and going with Mary Doe to check out and negotiate for possession for January 1, 1984 and report back to the worker on that date by 2:20 p.m..

A. Social History: A gathering of information relative to Social functioning of the family. This information provides the basis for the assessment and shall cover the following areas,

1. Family Structure, Development, and Relationships

This section must comment on the makeup and dynamics of the family, the interaction between the individuals is important, personality description of the head of the household and spouse, what their values are and their beliefs. What other people are an influence on this family, e.g. ex-husbands. Is there an extended family and can they get support from them? Are there siblings out of the home and what role do they play? Is there support from that direction? Comment shall also be made on significant developmental stages of family members that have significance. Outline the economic base of the family.

Children/Siblings

List all siblings names and birthdates, starting with the oldest in the home. Give a brief description of their interaction in the family. As well, indicate if they are working, going to school, previous involvement with agencies. Are they natural, adopted? What are their peer relationships?

2. Culture, Ethnicity and Religion

How important are these to the family? How important are these to the solving of the problem? Do they provide or could they provide a support system?

3. Health

Comment on particular medical problems of family members and include names of doctors and specialists (support with documentation for the medical section of the file).

4. Community

What contacts does the family have in the community? What is it's status? Is there a support system? Is it alienated, isolated, well known, involved? (An ECO map may be useful here)

5. Agency Involvement

Comment on school, police involvement, Mental Health, custody/access or other (support with appropriate documentation, e.g. school reports, assessments, etc.).

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B. Assessment

This is an analysis of your social history, and the presenting problem. Is there need for further professional involvement, e.g. psychiatric, psychological assessment. The focus should be on family and child but may involve other areas - school, community, housing.

What are the strengths of the family? What are the strengths of the community? Identifying these building blocks is important to developing the case plan.

What problems can you identify and are they similar to what the family perceives they are?

C. Summary and Evaluation (Diagnostic Statement)

A brief description of what the circumstances are now, according to the worker, separating fact from fiction. It is a bringing together of your interviews, social history and assessment in a brief summarized statement, indicating what the current problem is.

Client or victim must be identified as well as the perpetrator. This statement should show the onset, etiology (causes), duration of the problem, likelihood for positive change in situation, and projected length of involvement.

D. Case Plan

The basis for the case plan is found in the social history, assessment and summary. It is enhanced by case conferencing/case consultation. This should include parents, foster parents, social workers, casework supervisors and other agencies.

The purpose of case conferencing is to help formulate the case plan and set goals that involve other agencies. Case consultation would be used to specifically evaluate a certain aspect of case planning.

I. Case Plan Goals

The case plan should have workable goals and sub-goals. Goals should

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be agreed upon by client and worker or agency. The focus should be on how they are to be achieved i.e. tasks are assigned, other resources are identified and called upon.
Goals should have time limits, review dates need to be established. Client/community standards must be taken into consideration when setting goals for a case plan.

II. Case Plan Contracting

This shall also be part of a case plan and can be very formalized and written very specifically, yet very simple and understandable in it's meaning. It is task oriented, usually client focussed, and all parties must agree on the content. Contracting also requires time limits on the specific tasks to be accomplished or the results sought after. Emphasizes both client's and Department's responsibilities, as well as consequences for achievements and non-achievement. A case plan requires that the case manager be identified in the case plan.

III. Reviews of Case Plan

Timely reviews are necessary to a good case plan. Goals must be reviewed, restated, measurement indicators (completion of certain tasks and sub-goals) must be set in order to determine if goals have been achieved. New goals must be set with new review dates stated.

Reviews shall be dictated by the case plan. However, the maximum period between reviews shall be no more than three months.

Review content shall be addressing the following:

- have objectives been achieved
- are diagnostic factors still the same
- comment on clients motivation to change
- indicate services used, how successful
- comment on change in family relationships

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Termination of Case

A brief summary of the case is required. It should indicate;

a) Why the initial involvement
b) What was the progress made
c) What is the situation now
d) Reason for termination
e) Does the client understand reasons for terminating?

APPENDIX "B"

LETTER FROM THE DEPARTMENT OF PSYCHIATRY
THE UNIVERSITY OF ALBERTA

DEPARTMENT OF PSYCHIATRY
CHAIRMAN TEL 432-6503
ADMINISTRATIVE OFFICER TEL 432-6502
GENERAL ENQUIRIES / ADMISSIONS TEL 432-6501

THE UNIVERSITY OF ALBERTA
FIRST FLOOR
CLINICAL SCIENCES BUILDING
EDMONTON ALBERTA
T6G 2G3

April 11, 1984

The Honorable Neil Webber
Minister for Social Services & Community Health
424 Legislative Building
Edmonton, Alberta T5K 2B6

Dear Doctor Webber:

I know that you are at present involved in altering the Child Welfare Act and that you are seeking contributions to your information which you will require for drawing up the definitive legislation. I could not hope to comment on every aspect of the past or proposed future legislation but I would like to draw your attention to some aspects that concern me about the past and current practice in your department and which I hope will not be part of its future operations.

These have caused me, and I believe most of my colleagues in Child Psychiatry in the Edmonton area, to withdraw from working with your department except in non-theraputic matters, for example obtaining assistance or substantiating disability etc. I and my colleagues are still, of course, seeing large numbers of children who are under the care of the Department or whose parents are clients but these are referred from the school counsellors or general practitioners. I am not at the moment complaining about this breakdown between Social Services and Child Psychiatry because I see it as absolutely inevitable and perhaps even as a good thing, a necessary thing, and one which will continue because we have nothing in common except that our patients are children.

. . . / 2

These decisions had been arrived at individually as a consequence of individual experience. There are many good reasons for this inability to work together, and the consequent disengagement, and the reasons which gave rise to it will, of course, ensure its continuation. The main reason is that the social worker who has not been trained in a medical environment, which is the vast majority of social workers, has no knowledge of the strong biological underpinnings to most mental illnesses and behavior disorders. The social worker who has not been so trained tends to use a unifactorial model such as 'Abuse', 'Neglect', Deprivation', 'Lack of Bonding', etc. If one looks at the current fad which is 'Child Abuse' and its 'Treatment', you will find that very young, meagerly trained people attribute these complex conditions to one or perhaps two antecedent causes; for example, the parent had been abused himself or herself as a child so that what he or she learned was being applied now.

This is, of course, utter nonsense and a more appropriate survey of the situation would provide many factors; in fact, as I shall show, a multitude of factors to be taken into account. There are enormous problems with the single variable use and it is well accepted that single measurements of any phenomena are neither valid nor reliable. Accordingly, the value of the measurements of, say, intelligence or psychopathy, or any other apparent entity is very limited; it is limited for two reasons: One, psychological and behavioral variables do not lend themselves to precise measurement, indeed the cornerstone of psychometric theory is that error is inher-

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ent in every test done, and I mean large error. To measure behavior which is not a simple phenomenon using instruments which have not been standardized in any way really means that we are no more precise than we are when we are expressing a hunch.

The second limitation has to do with the problem of validity and we cannot be confident that any particular instrument for measuring behavioral phenomena captures the essence of that particular construct. We would require evidence of convergence between very many independent variables or measurements before we are satisfied that a construct has been assessed.

For example, if we intend to examine all the variables which we associate with 'Child Abuse', we need a model of the widest scope to take into account the following factors: One, biological; two, psychological; three, educational; and four, social--including cultural. At the moment there are four models in general use: One, Psychiatric; two, sociological; three, social-situational; and four, I don't know what you would call this, but this is the model which deals with the child as the main organizer or provoking stimulus, in fact, a very active creator of the environment which is abusing him.

One, for example, would have to take into account:

1. Socio-economic status
2. Sex of the parent
3. Educational attainment
4. Income

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5. Intelligence
6. Cultural background
7. Relationship with husband or consort
8. Family - how supportive
9. Personal health
10 Size of family
11. Overcrowding or not
12. Church affiliation
13. Child management skills
14. Knowledge of the stages of child development
15. Relationship with own parents
16. Personal psychopathology
17. Knowledge of community supports, that is where to go for help.
18. Anxiety and anger management
19. Opportunities to obtain some recreation or escape for short periods from the children. There are millions of women who have no knowledge of how to obtain this respite.
20. Job stress if employed.

I could go on, but if we change now to child variables we would have to take into account:

1. Born too small or too soon, that is, premature.
2. Wanted or unwanted
3. Of easy or difficult temperament
4. Requiring constant attention, especially if ill
5. Attractiveness or unattractiveness
6. Legitimate or illegitimate
7. Reminiscent of somebody the mother or father doesn't like.

We have variables also which apply mainly to the father, for example:

1. Employment status - this is extremely important
2. Job satisfaction
3. Whether or not he has been encouraged to see himself as a helper in the business of bringing up the children.
4. Personal psychopathology.

I give only some of the variables which we would have to look at. If we were to look at samples of how these work, we would be looking at, for example, a poor couple --over 80% are poor; an unemployed husband --a very substantial number are unemployed; a discordant marriage-- this is very important since the probability is that a fight or quarrel

antedated the abuse; a difficult, prickly, tense baby who requires a lot of care; and a lot of bad luck. This kind of combination is, of course, not equitably distributed throughout society. Because of the total lack of consonance of models used, medical or psychiatric treatment and diagnosis as rejected and it would be a circumstance of the greatest rarity if a child in care was allowed the benefits of, say, pharmacological treatment; so rare is this that I despair of obtaining compliance with my advice and prescriptions, and, of course, no longer give it, and I know the psychiatrists who were previously mentioned feel the same and have acted similarly.

It is, perhaps, of special interest to you that as a result of the employment of this very meagre model, it is a rare social worker who can decide the needs of a child if he or she requires treatment, simple care or a combination of both. These are very different things, indeed, and the costs are enormously different, and in the days before I, personally, became discouraged with the Department, I saw many children who needed care but were referred for treatment and the converse, children who required treatment who were provided only with care. To provide a deprived child with psychotherapy, for example, is ludicrous, but to treat a psychotic child by removing him from his home to a foster home is equally so.

There is no classificatory system for use in the department. All children are subsumed under vague kinds of rubrics such as 'Emotional Disturbance', 'Behavior Disorder' or 'Child Abuse', and the insanities of this are revealed in the results.

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Another aspect of operation which angered all of us was the method of placing a child. In fact, this was totally a paper transaction by a committee which had never been involved in any way whatsoever with the child, and which had never seen him or her, the parents, the social worker, the doctor, and who would never see the foster parents or the workers in, for example, the residential treatment centre to which the child was being sent. It had been apparent for many years and there was first class hard data available that showed beyond a doubt that foster care and residential care were exceedingly expensive and ineffective ways of dealing with problem children, and there was not the slightest proof that these interventions were of any value generally, perhaps in individual cases but even here this was a matter of luck and not prediction.

I believe that we are now at the point where we can say with great confidence that interventions outside the home do not work very well, and this includes all modalities from the benign, cheap head start programmes to the most expensive, destructive residential care for older children.

I have come to see many of the Department's interventions as exceedingly destructive, especially in the areas of child abuse and alleged sexual abuse, and it appeared that there were no brakes or checks on their actions. There was, and is, a very considerable falsehood being promulgated that it is possible without direct evidence to predict or even prove that one or the other, or both of these, could have or had taken place. Nobody else believed this, especially

those such as myself who knew the inadequacies of the measuring instruments, not to speak of the crudity of their protective measures, but it did not seem to matter--there was a cry for more and more services based on a faulty set of premises and served by those least likely to predict with any precision or treat with any knowledge.

I would like to mention in this context that the establishment of At Risk registers is also a very dangerous proceedure. It gives one a false feeling of ability to predict. Even when dealing with very hard variables, few in number and collected with extreme care, we find these registers very fallible indeed. To use them in areas where large numbers of variables operate, many of which are very soft in nature and difficult to measure, is to be totally deplored. I would, for example, look at laleged causes of emotional abuse, or criticizing a child, or having too high expectations as very difficult things to measure; they are imponderable but they are still being treated as if they were objective, measurable variables which if present are certain to influence the child in an adverse way. This is so very wrong, and we must bring to people who have the power to apprehend on such flimsy data a knowledge of what they are doing so that they will stop and direct their energies elsewhere, for example, in assisting families to cope.

I have some further points which would be easier to discuss were we able to meet some time and I would make myself available for such a meeting. The main point, however, should this not be possible is that we are all, and this includes psychiatrists, pediatricians,

psychologists and social workers, working in a very unscientific area and all claims to the contrary must be rejected out of hand. The one thing we can count upon is that with few exceptions disruption of the family is dangerous and that placing a child in foster care or residential treatment centre is much more likely to aggravate than ameliorate his or her situation.

It is also an appallingly costly thing to do and perhaps the worst aspect is that there is no end to it. If it could only be remembered that the present practices do not in the smallest way reflect the current state of knowledge which is very limited indeed, much less damage would be done and at a lower cost. What we do not know does little harm; what we think we know which simply is not true can and has caused devastation. I often wonder if there is another branch of human activity in which people who are virtually untrained are allowed to put into motion enormously expensive, useless and damaging interventions withour any accountability whatsoever. Medicine, of course, comes to mind, but that is another story.

Thank you for your patience.

Yours sincerely

Gordon King, M.B.,F.R.C.P.(C.)

Director, Division of Children's & Adolescent Services

APPENDIX "C"

PRESENTATION FROM THE
METIS ASSOCIATION OF ALBERTA

Metis Association of Alberta

LOUIS RIEL
A great Metis Leader
He fought and died for a
Just Society

PRESENTATION TO PREMIER LOUGHEED
SOCIAL SERVICES/CHILD WELFARE

"I am not saying that everyone should
be driving a shiny new car, but everyone
should have the OPPORTUNITY to have the
education and expertise for jobs to
buy a shiny new car.
I am not saying that everyone should
live in a $100,000 home, but everyone
should have the OPPORTUNITY to have the
education and expertise for jobs to
live in a $100,000 home."

Quoted from: Stan Daniels
A Great Metis Leader

Current Concerns With Social Services:

The Metis Association of Alberta, in consultation with service organizations and Metis communities, has identified the following concerns with Social Services policies and delivery:

A. Social Services

1) Maintenance does not meet basic needs of living expenses.

2) Evidence of unsatisfactory relationships existing between Native clients and Social workers.

3) Social workers do more paperwork than social work.

4) Social workers lack cross-cultural training when dealing with Native clients. Cross-Cultural training is needed at both the academic and practice levels for professionals.

5) Social work job opportunities require too high level of education and training for Native people, with those aspirations to take advantage of.

6) Not enough information is given to people in the communities about employment and training opportunities.

7) Social Services does not have a Department existing for liaison with the Metis Association.

B. Child Welfare

1) 45% of children in care of Alberta Child Welfare are Native, but the Native population only makes up 4% of the total population (as identified through Census Canada).

2) Family consultation is lacking, but is instrumental to family unity.

3) Most Native children who are apprehended, are not placed with Native families.

4) Native children, who are apprehended, most often are taken out of their communities.

1. Maintenance does not meet basic needs of living expenses:

According to the statistics of the Urban Native Referral Programme and the Metis Urban Housing Corporation, the needs of people on Social Services are not met by the policies of Social Services. The areas of most concern are rental and utility payments.

The average 3 bedroom home rents for approximately $500.00 to $600.00 per month. Utility rates run approximately $130.00 to $150.00 per month.

Social Services limit for a family of four is $490.00 per month for rent, this includes utilities.

Example: one applicant living in Millwoods (Mother, 2 sons, 2 daughters, Primary and Junior High Level age) receives per month:

TOTAL SOCIAL ALLOWANCE	$1,094.00
RENT	500.00
UTILITIES	130.00
	$ 464.00

therefore, a total of $464.00 per month is left for groceries, transportation, clothing, and incidentals. Approximately, each member of the family then has $115.00 to live on for the rest of the month.

An average family of this size spends approximately $600.00 per month on groceries alone. This means that this Millwoods family is going hungry because approximately 1/3 of their grocery budget is going to housing.

As of April 1, 1984, utility and food costs have increased, thus the cuts to basic living allowances decreases on the budget and Social Service clients find the set-back more difficult to deal with.

Added to this problem, Social Service policy has cut back the number of long term recipients and placed many on short-term

assistance. Short-term assistance does not include clothing or household allowance.

If we go back to the Millwoods experience, we would subtract $100.00 from clothing and $56.00 for household expenses. Our Millwoods family then exists on $308.00 per month after rent and utilities.

There are many other demands placed on the $308.00 per month besides food and clothing.

The following diagram shows the income and expenses of the example client:

EMERGENCY EXPENSES

FOOD COSTS

PERSONAL EXPENSES $308.00 RENT OVER-RUNS

HOUSEHOLD OVER-RUNS

UTILITY OVER-RUNS

CLOTHING EXPENSES

The Millwoods example summarizes a typical Urban setting, of which agencies like Urban Native Referral and Metis Urban Housing programmes experience daily. The conclusion of this experience spells out that basic needs are not met by Social Services.

2&3. Evidence of unsatisfactory relationships existing between Native clients and Social workers.
Social workers do more paperwork than social work.

In whole Metis communities such as Cadotte Lake, Calling Lake, etc. Social Services is the main economic factor and is

the main income for many communities. The Rural experience is indeed a sad one. While there are moves to become culturally assimilated, there do not exist opportunities to become economically assimilated.

Many Metis in their communities have come from a subsistence independence to Social Service syndrome within the last 20 years to present. In other words, where Metis communities existed as economically independent through fishing, trapping, etc., the boom of big business in their areas have profoundly disrupted their independence. In the case of Cadotte Lake, where the people had a traditional lifestyle, their independence was disrupted by the logging industry. Their traplines were disturbed, the animals moved out of the area, the Lake became polluted and disrupted fishing, and hunters had to go out of their community for game and were often unsuccessful in hunts.

The people in Cadotte Lake community are now existing 90% on Social Services. The local Metis President has brought his peoples' concerns to the MAA, as have other local Metis Presidents Their concerns are that people outside of their community are now benefiting from their traditional home and the people are suffering because of it. They see the need for big business and Government to involve them in training and employment opportunitie in order for their communities to prosper and develop. These people are prepared to meet the challenges of modern life and are hard workers. What they do not want is Social Services and inactivity.

This problem is paramounted by the lack of access to their assigned Social worker. They see the Social worker once a month when the cheques are handed out. They do not receive any councelling or input on what they may do as a community to develop and to work towards training and employment.

Often, the prospective client has to travel to Peace River to apply for Social Services which costs $20.00 in travelling and has to wait to see if their application may be accepted. The Social worker, as expressed by the President, is not communicating with the people in the community and it is further felt that the Social worker really is not interested in becoming involved in helping the community.

4. Cross-Cultural Training:

March, 1981

The Special report of the Ombudsman on the Foster Care Program of Alberta Social Services is released. Statistics for the year indicated that Native Albertan's (Metis, Indian and Inuit) made up 45% of all children under the care of the Director of Child Welfare. The report further stated that "....it would prove intolerance on the part of the Department, and the Government, in general, if no attempt was made to accommodate the cultural and ethnical differences of Native Children".

Recommendation #26 of the Ombudsman's Report reflected the above situation in stating that: "The Department should make special efforts to orientate all employees to the culture of Native Albertan's. An increased number of Native Social workers should be employed by the Department."

September, 1981

In its final response to the Ombudsman's Report, Alberta Social Services and Community Health stated that in-service training for child welfare staff would include Native Awareness. The Department also stated that it had already initiated several approaches in attempting to recruit Native staff.

May, 1983

Needs Assessment completed by the Multi Regional Resource Group indicating specific training needs of child welfare workers providing direct service to Native clients.

September, 1983

The Resource Group completed the training package on Native Awareness/Cross Cultural. This package consists of 3 modules;

Module I - Awareness of Native Culture (1 Day)

Module II - Attitudes Affecting the Understanding of Native Culture (2 Days)

Module III- Casework Implications (1 Day)

October, 1983 (24th - 27th)

Four day course (pilot program) offered to 14 employees of Alberta Social Services, in the Edmonton Region.

November, 1983 (14th - 17th)

Four day course offered to 20 employees of Alberta Social Services in the Lethbridge Region.

May, 1984

Four day course scheduled for 20-25 employees of the Northwestern Region of Alberta Social Services. Course will take place in Peace River.

5. Social work job opportunities require too high level of Education and Training for Native people, with aspirations to take advantage of.

Income Security Social Workers will be responsible for providing financial help to people who do not have sufficient income to meet their basic needs. Positions are available in various locations throughout the province.

In rural office, you will be expected to work overtime on occasion, including regular assignment of after hours duty to provide emergency services. Assigned overtime and after hours duty will be compensated.

CAREER OPPORTUNITIES AND QUALIFICATIONS

Social Services Technician ($20,664 - $24,996)	Community College Diploma in Social Sciences or Related Area or Equivalent
Social Worker I ($21,456 - 25,992)	University Degree in Related Field, or Equivalent
Social Worker III ($25,428 - $31,584)	Successful Completion of a B.S. or R.S.W.
Social Worder IV ($28,260 - $35,256)	M.S.W. or Equivalent

NOTE: Must have own transportation, valid driver's license, and be prepared to travel extensively (including overnight)

According to the Metis Association Seminars on concerns and issues, of February - April, 1984 in several Metis Communities, on which approximately 500 people have already participated, Social Services was identified as a priority concern. The following was identified as a priority concern. The following represents the participants recommendations and Policy issues requireing attention:

1. Ongoing Communications
   Government - Metis Association of Alberta - Locals
2. Support Metis Locals
   Group Homes, Foster Care etc.
3. Appoint Metis Individuals for program review
4. Social Service Committee Metis and Government

Policy Issues Requiring Attention

1. Child Welfare Act
2. Metis involved in Review of Social Service Policy and Programs
3. Develop Native Social Workers
4. Cross CUltural Training need

Upon considering the many concerns the Metis of Alberta have expressed about Social Services, it is concluded that we are aware of the problems and in order to be effective, we must be part of the solution.

Metis people must PARTICIPATE on all levels of the Social Services activity and delivery. In order to process the solution there are certain key areas in which Social Services/Child Welfare and the Metis Association of Alberta must develop co-operatively. Very briefly, they are as follows:

1. Crisis Intervention Function:

   - Have "hot-line(s)" established for Metis people to call when in need of help with Social Service matters. The resource persons available for this purpose will provide:
     a) information/referral to appropriate agencies
     b) perform advocacy function for clients having difficulty with Social Services and their employees
     c) Develop and implement a complete system of recording callers' concerns, referrals made, as well as demographic information on callers in order to initiate data-base on Metis concerns Re: Social Services.

2. Education of Professionals:

   - Research and design a program directed at Social Services, community agencies regarding Native culture and Native concerns.
   - This program should include a component describing what methods of intervention and therapy are most appropriat for working Cross-culturally with Native clients. The most immediate concern in this respect is a cross-cultu approach to working with families under the jurisdictic of Child Welfare.
   - A similar program should be designed and implemented as curriculum for professional schools including Law, Medicine, Social Work and Education, whose students wi

also serve Native populations.

- In all cases, the educational program should be presented by a Native person, employed by the Metis Association of Alberta as part of the Social Service team.

APPENDIX "D"

MAP OF ALBERTA SOCIAL SERVICES AND COMMUNITY HEALTH REGIONAL AREAS


I.D. 24
I.D 23
High Level
I.D 18
Fort McMurray
Peace River
I.D 17
McLennan
Grande Prairie
High Prairie
Slave Lake
Athabasca
Lac La Biche
Grande Cache
Whitecourt
Barrhead
Westlock
Smoky Lake
St. Paul
Bonnyville
Edson
Hinton
St. Albert
Sturgeon Creek
Edmonton
Beaumont Park
Vegreville
Vermilion
Lloydminster
Leduc
Camrose
Wetaskiwin
Wainwright
Rocky Mountain House
Red Deer
Stettler
I.D 10
Innisfail
Olds
Hanna
Drumheller
Canmore
Calgary
Strathmore
Brooks
Medicine Hat
Claresholm
Lethbridge
Taber
Municipality of Crowsnest Pass (Blairmore)
Coaldale
Alberta
SOCIAL SERVICES AND COMMUNITY HEALTH
REGIONAL AREAS
Regional Offices
District Offices
APRIL 1, 1982
Produced by the Alberta Bureau of Surveying and Mapping © 1982

APPENDIX "E"

CURRICULUM VITAE

DR. R. J. THOMLISON

DEAN
FACULTY OF SOCIAL WELFARE
THE UNIVERSITY OF CALGARY

CURRICULUM VITAE

NAME: Ray J. Thomlison
Professor
Faculty of Social Welfare
The University of Calgary

DATE OF BIRTH: January 22, 1943

PLACE OF BIRTH: Edmonton, Alberta

DEGREES:

D. S. W.	December 1972 University of Toronto
M. S. W.	April, 1965 University of British Columbia
B. S. W.	April, 1964 University of British Columbia
B. Sc.	April, 1963 University of Alberta

ACADEMIC AND PROFESSIONAL EMPLOYMENT:

(1) Full-Time Academic

July 1983 - Present	Professor and Dean Faculty of Social Welfare The University of Calgary
July 1973 - August 1983	Professor Faculty of Social Work University of Toronto
July 1971 - June 1973	Associate Professor Faculty of Social Work Wilfrid Laurier University Waterloo, Ontario

(2) Visiting Professor or Sessional Appointments Academic

September 1980 - June 1981	Visiting Professor University of British Columbia

May 1977 - June 1977	Visiting Professor University of Regina Regina, Saskatchewan
May 1978 - August 1983	Sessional Appointment, Atkinson College, Department of Social Work York University, Toronto
January 1974 - July 1983	Sessional Faculty Faculty of Social Work Wilfrid Laurier University
July 1979 - July 1982	Sessional Appointment, Lakehead University, Continuing Education Series on Family Life Education

(3) Full-Time Professional

Sept. 1967 - Sept. 1968	Consultant in mental health. This was a community mental health function, providing consultation to social agencies in the lower mainland and northern areas of British Columbia. As a mental health consultant, I served as leader of a multidisciplinary team comprised of a psychologist, psychiatrist and nurse.
Sept. 1965 - Sept. 1967	Psychiatric Social Worker, Mental Health Centre, Burnaby, British Columbia
April 1965 - Sept. 1965	Department of Public Welfare (Social Allowance) Edmonton
April 1964 - Sept. 1964	Department of Public Welfare (Child Welfare) Edmonton

AWARDS

January 1974	Awarded University of Toronto Faculty Teaching Fellowship

PUBLICATIONS

Doctoral Dissertation

"A Behavioral Model For Social Work Intervention with the Marital Dyad." Doctoral Dissertation, 1972, University of Toronto.

Book

Thomlison, Ray J. (Ed.). Perspectives on Industrial Social Work Practice, Ottawa, Ontario: Family Service Canada Publications, 1983.

Book Chapters

(1) "Social Work Intervention With Individuals," in Yelaja, S. (Ed.), An Introduction to Social Work Practice in Canada (in press).

(2) "Phobic Disorders" in Turner, F. (Ed.) Adult Psychopathology: A Social Work Perspective, New York: The Free Press, 1984. pp.280-315.

(3) Perspectives on Industrial Social Work Practice, Thomlison, Ray J. (Ed.), Ottawa, Ontario: Family Service Canada Publications, 1983.

(4) "Behavioral Family Intervention with the Family of a Mentally Handicapped Child" in Freeman, D. and Trute, B., Treating Families with Special Needs, Ottawa: Canadian Association of Social Workers, 1982.

(5) "The Ethics of Behavior Modification" in Yelaja, S. (Ed.), Social Work Ethics, Springfield, Illinois, Charles C. Thomas, 1981.

Articles in Referred Journals

(1) "Thomlison Responds," Journal of Social Work (in press), 1984.

(2) "Something Works: Evidence from Practice Effectiveness Studies," Journal of Social Work, January-February 1984, Vol.29, No.1, pp.51-56.

(3) "Regular and Advanced Standing Status MSW Students After Graduation: A Follow-up," Canadian Journal of Social Work Education, Vol.8, #1 & 2, 1982, pp.45-57.

(4) "The Granting of Advanced Standing to BSW Graduates Entering Year II of an MSW Programme: The University of Toronto Experience," Canadian Journal of Social Work Education, Vol.7, No.1, 1981: pp.73-86 (with W. Herington and F. Knoll).

(5) "The Utilization of Outcome Studies and the Implications for Social Work Education in Direct Practice," Canadian Journal of Social Work Education, Vol.7, No.3, 1981: 51-91.

(6) "Facilitating the Student Research Learning Experience Through Agency Based Practice," Canadian Journal of Social Work Education, Vol.3, No.3, December 1977: pp.32-35.

(7) "An Experiment in Curriculum Innovation in Graduate Social Work Education," Journal of Education for Social Work, Vol.10, No.3, Fall 1974: pp.93-98 (with F. Siedl).

UNPUBLISHED TRAINING MANUALS

(1) "A Manual for Training Adolescent Assertive Behavior," 1977, available through the Faculty of Social Work, University of Toronto.

(2) "Parent Training: A Manual for the Professional Social Worker," 1974, available through the Faculty of Social Work, University of Toronto.

MAJOR REPORTS

(1) Report of the Accreditation On-site Team: The University of British Columbia, School of Social Work, 1981.

(2) Report of the Accreditation On-site Team: The University of Calgary, Faculty of Social Welfare, 1981.

(3) Report to the Dean's Advisory Committee, School of Graduate Studies, on MSW Advanced Standing Admissions Policies, 1979.

(4) Follow-up of Graduates of Wilfrid Laurier University, Faculty of Social Work, 1968-1971. A follow-up report on the students from the first four years of the school's history, 1974 (with F. Siedl).

(5) "An Exploration of Helping Networks Within Work Settings in South Central Ontario," December 1978, report available from author.

LONG TERM CONSULTATIONS

(1) Metropolitan Toronto Children's Aid Society

(2) Brant County Children's Aid Society

(3) Temiskaming Family and Children's Services

(4) Province of Ontario, Ministry of Community and Social Services

(5) Addiction Research Foundation of Ontario

(6) Metropolitan Toronto Family Service Association

PROFESSIONAL COMMUNITY INVOLVEMENT

Boards and Advisory Functions

June 1979 - Present

Member of the Board of Directors of the Metropolitan Toronto Children's Aid Society. This agency is the largest child welfare agency in North America, with an annual budget exceeding $35 million. I have been a contributing member to the Board and was nominated to the role of Vice-President but had to decline the nomination in view of my research leave. I was instrumental in setting up the Service Review Subcommittee of this board and, in fact, became the committee's first chairman.

While on this Board, I have also served on the following committees:

Audit Committee
Social Work Services Committee
Service Review Committee (chairman)

April 1977 - Present

Employee Assistance Programme Advisory Board, Family Service Association of Metropolitan Toronto. Prior to my research leave, I was chairman of this committee which acts as advisory to the staff in the new and growing area of social work practice.

June 1978 - May 1981

Board of Accreditation of the Canadian Association of Schools of Social Work. As an active member of this committee, I did numerous reviews and appraisals of Canadian social work programmes.